# Interventional Pain Management, Joint & Spine Surgery

## Provider Presentation for Alliance Health

EviCore By EVERNORTH Alliance Health

February 24, 2026 1

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# 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**
- Step-by-Step Case Submission
- Self-Service Peer-to-Peer Scheduling Tool
- Portal Features


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# Solution Overview

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# Alliance Health Prior Authorization Services

| Applicable Membership | Prior authorization applies to the following services | Prior authorization does NOT apply to services performed in |
|---|---|---|
| • Medicaid | • Outpatient<br>• Elective/Non-emergent | • Emergency Rooms<br>• Observation Services<br>• Inpatient Stays |

**Providers should verify member eligibility and benefits by contacting the number listed on the back of the member's ID card.**

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# 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:

**Alliance Health | EviCore by Evernorth**

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# 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.
- **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 [www.EviCore.com](http://www.EviCore.com)

**Phone: 888-444-6182**
Monday – Friday
7 AM – 7 PM (local time)

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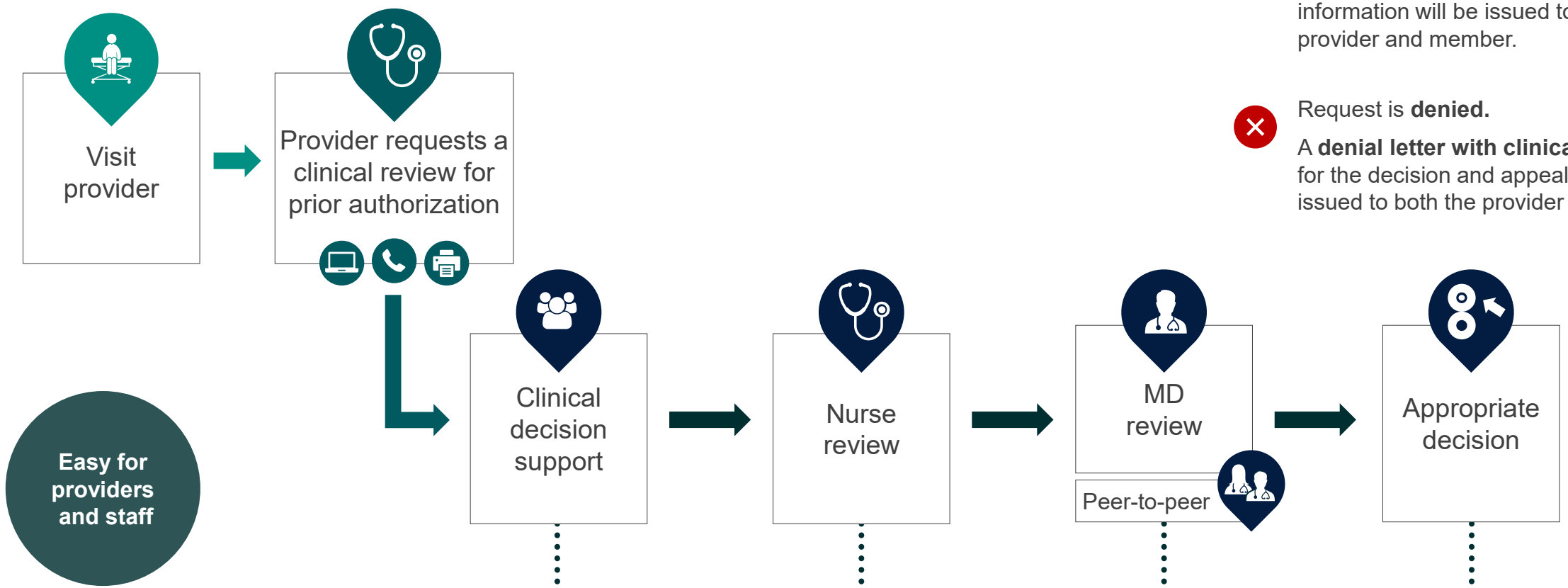
# **Utilization Management |** Prior Authorization




Request is **approved.**

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

Request is **denied.**

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

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# 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:**

### Member
- Health Plan ID
- Member name
- Date of birth (DOB)

### Referring (Ordering) Provider
- Physician name
- National provider identifier (NPI)
- Phone & fax number

### Rendering Facility
- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

### Supporting Clinical
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

**All** clinical information pages must include the member's first and last name and **two** additional patient identifiers, such as date of birth and health plan ID.

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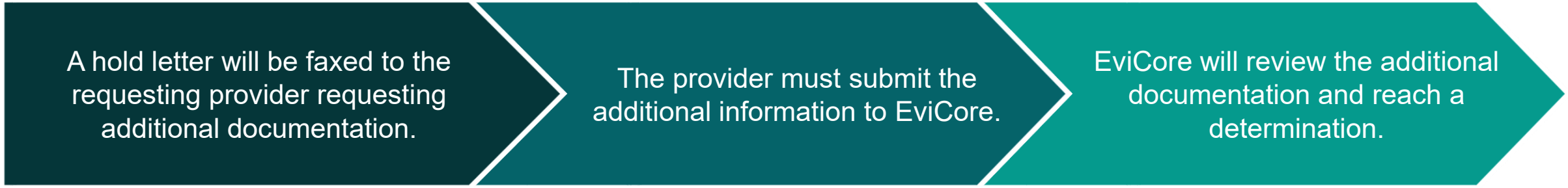
# **Insufficient Clinical |** Additional Documentation Needed

**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:**




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. Additional clinical can be upload via the provider portal (preferred) or faxed to 800-540-2406.

Determination notifications will be sent.

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# 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.
- **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.
- **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

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# Special Circumstances

## Retrospective Authorization Requests

- Must be submitted within 90 calendar days from the date of services and meet a valid retro exception reason
- Any submitted beyond this timeframe will not move forward for review
- Reviewed for **clinical urgency** and medical necessity
- When authorized, the start date will be submitted date of service

## 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

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# Special Circumstances

## Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.

## Authorization Update

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

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# Post-Decision Options

## 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 **888-444-6182** 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** to see available options.

### Reconsiderations

- Reconsiderations must be requested within 7 business days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

### Appeals

- EviCore will not process first-level appeals.
- Appeals can be made by following the instructions provided in the determination letter.

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# EviCore Provider Portal

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# **EviCore Provider Portal |** Access and Compatibility

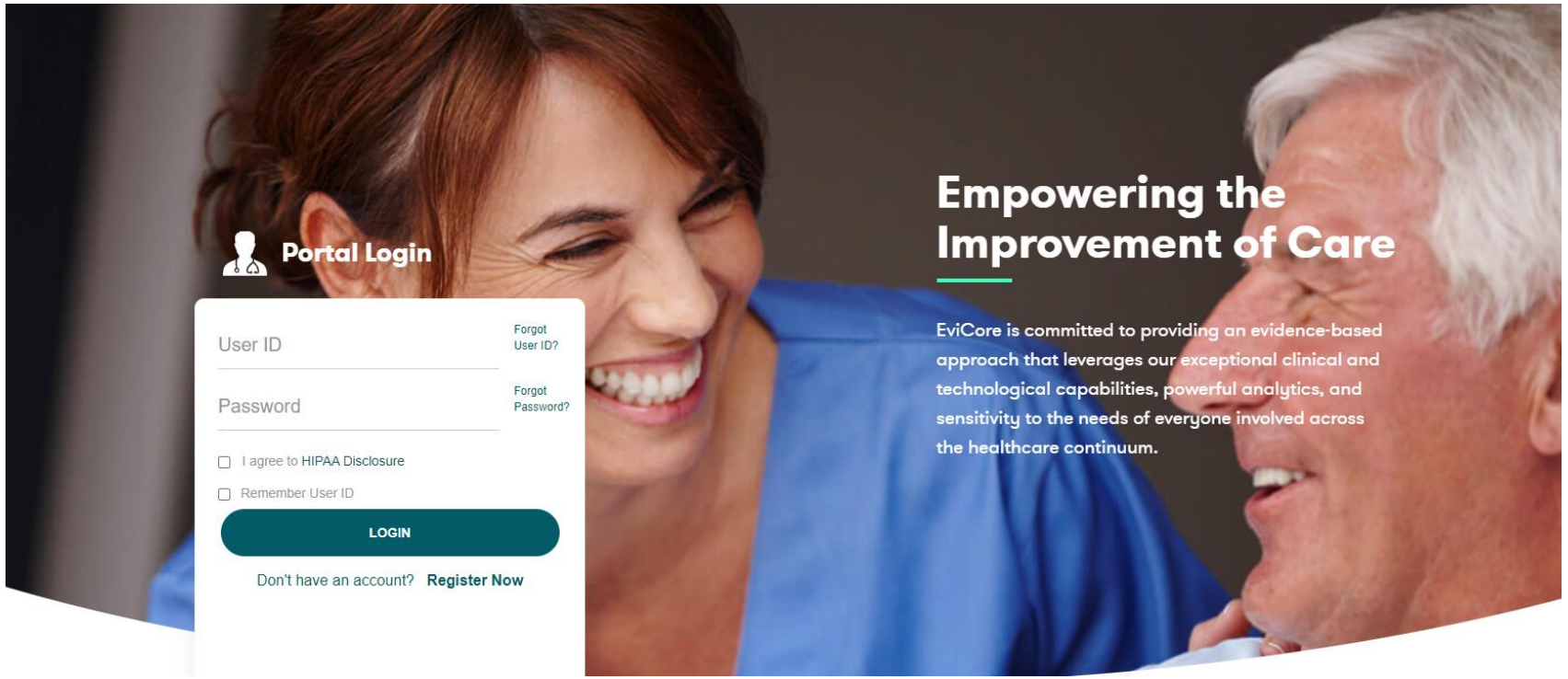
## Most providers are already saving time submitting clinical review requests online vs. telephone.

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

**Already a user?**

**Log in** with User ID & Password.

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




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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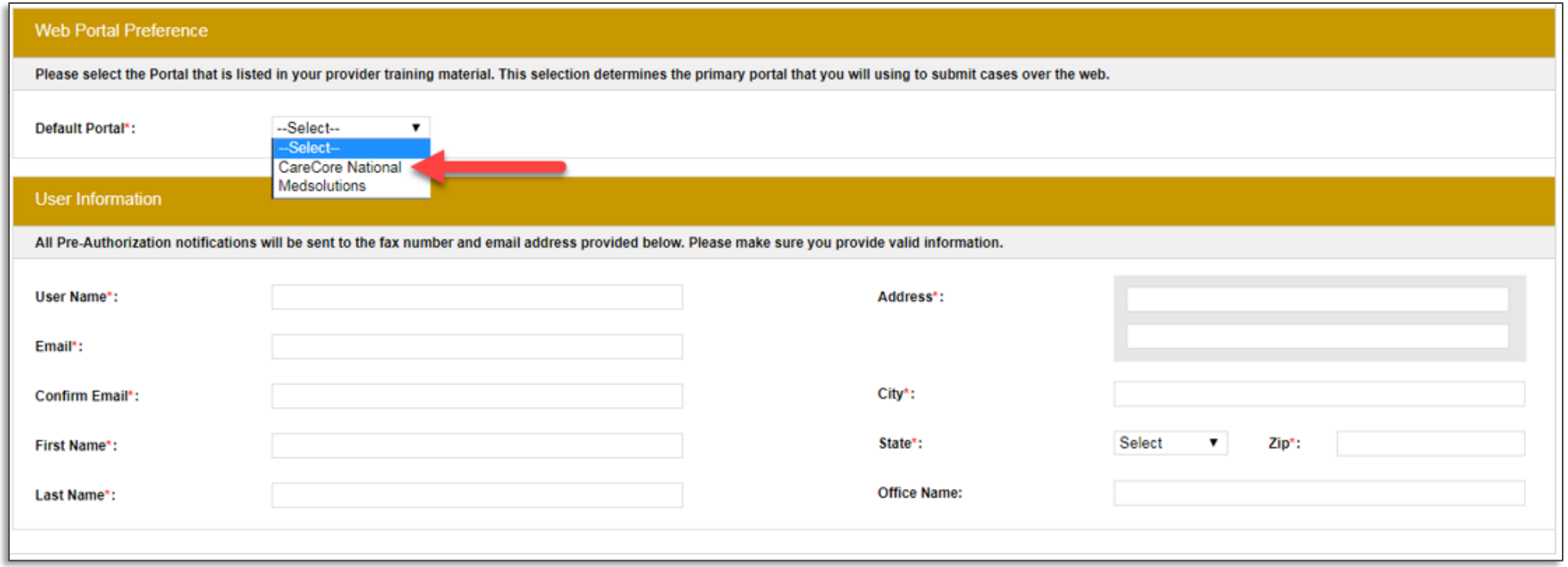
# Creating an EviCore Provider Portal Account




- Select **CareCore National** as the Default Portal.
- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to create a password.  Once you have created a password, you will be redirected to the login page.

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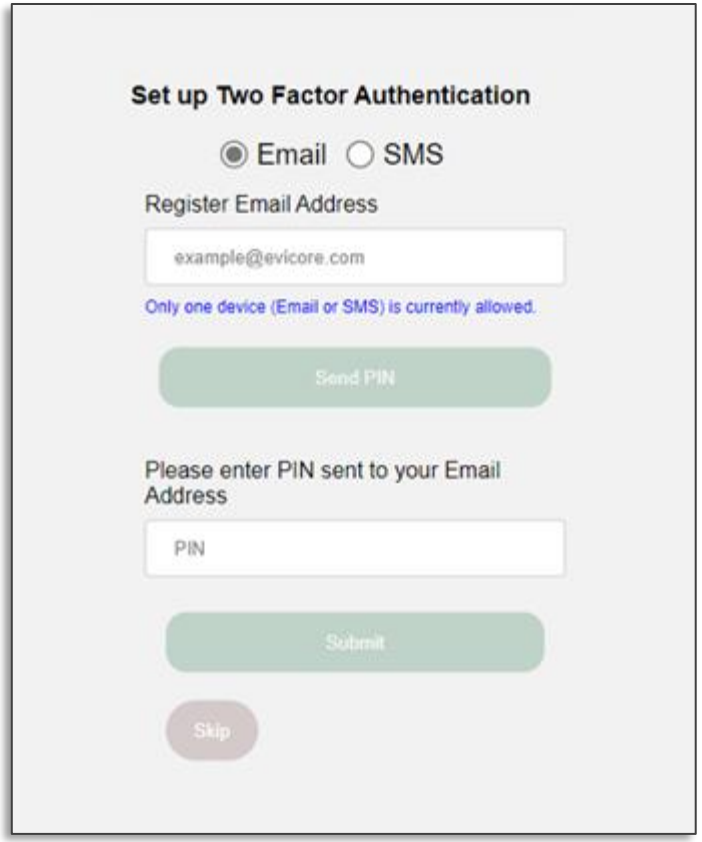
# Setting Up Multi-Factor Authentication (MFA)

## 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.

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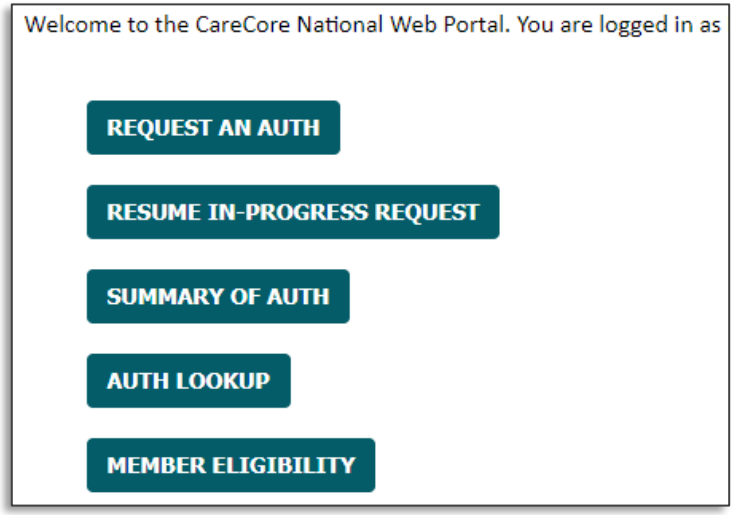
# **Welcome Screen |** Adding Providers to Registration

- Providers can be added to your account prior to case submission.
- Click the **Manage Your Account** tab to add providers to the web registration.

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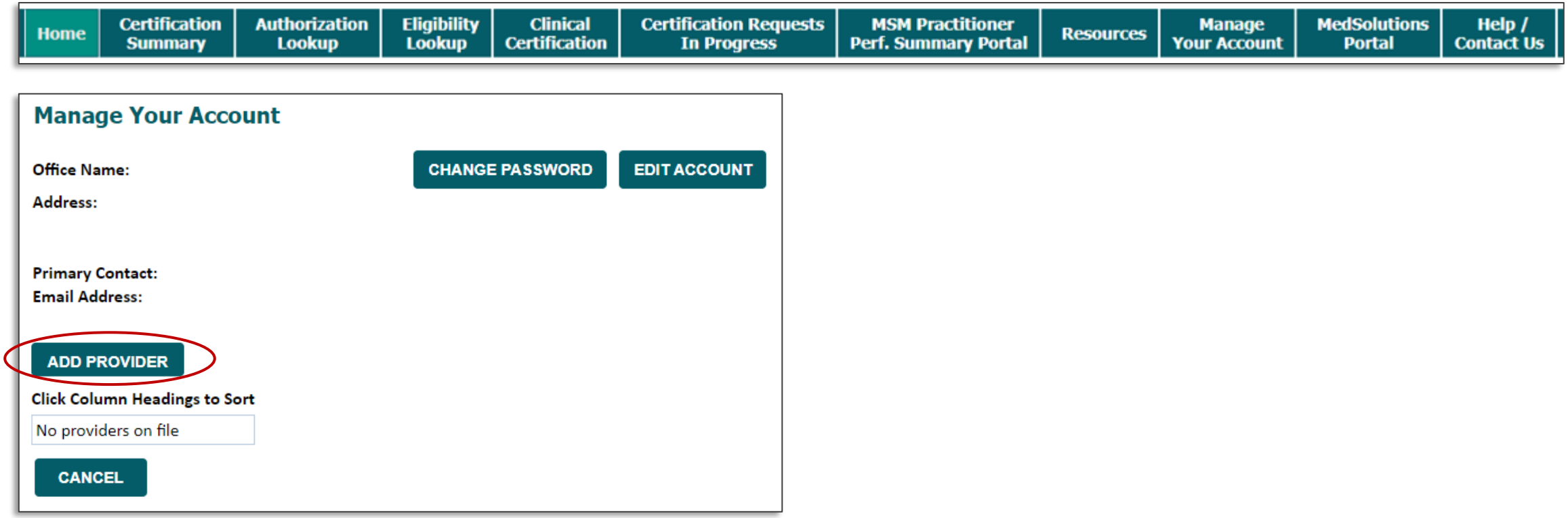
# Adding Providers




- Click the **Add Provider** button.

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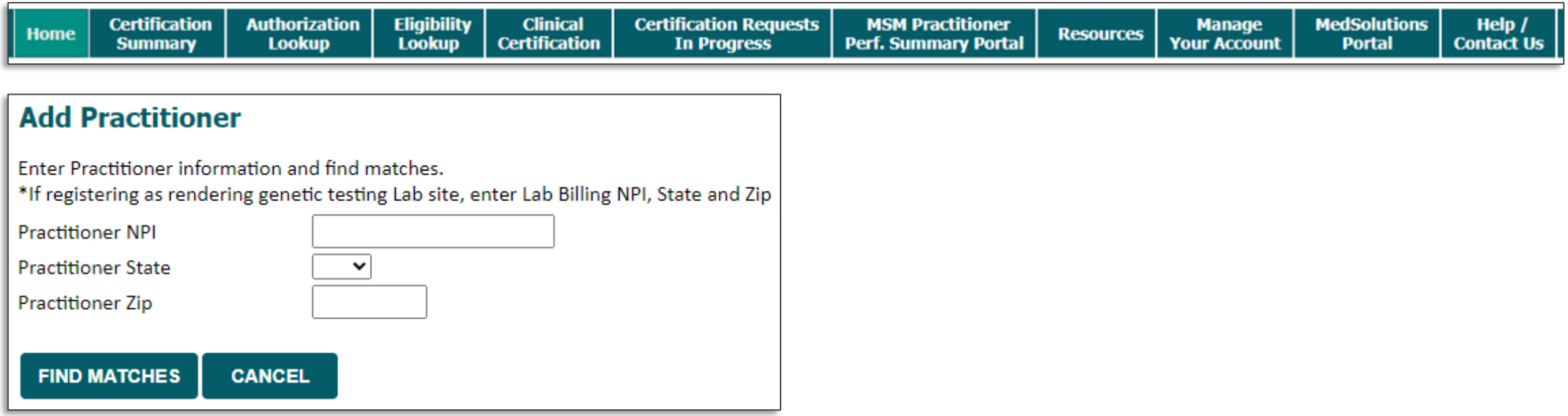
# Adding Providers




- 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.

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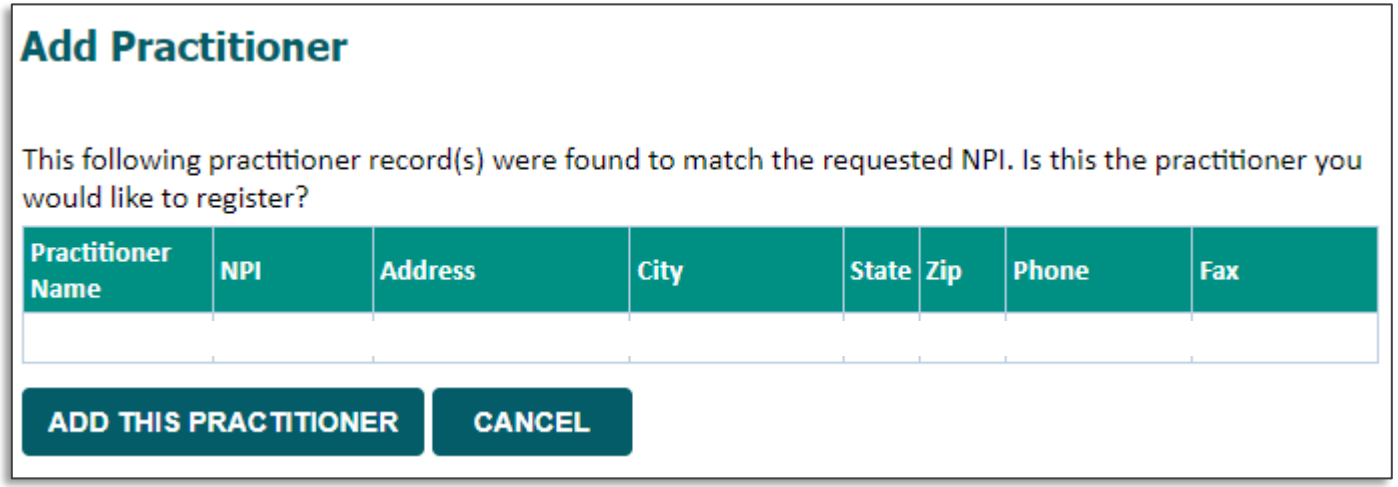
# Adding Providers




- Select the matching record based upon your search criteria.

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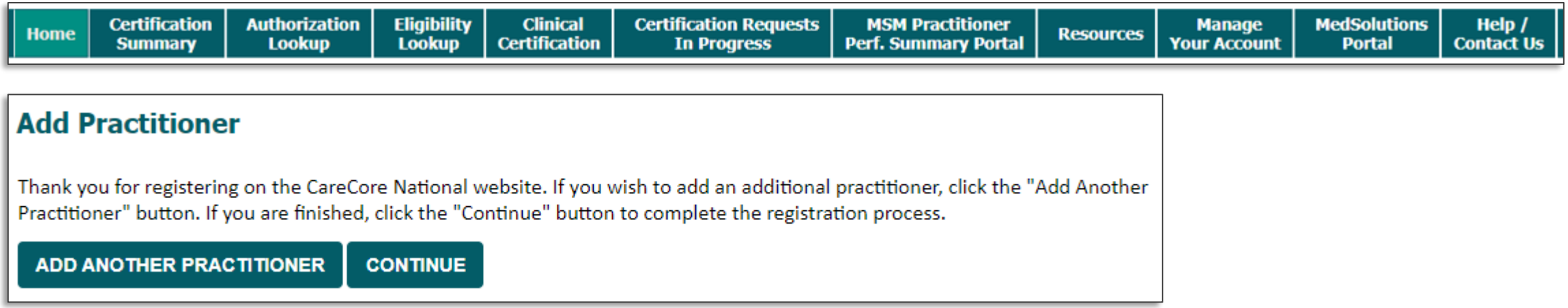
# Adding Providers




- 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**.

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# Initiating a Case

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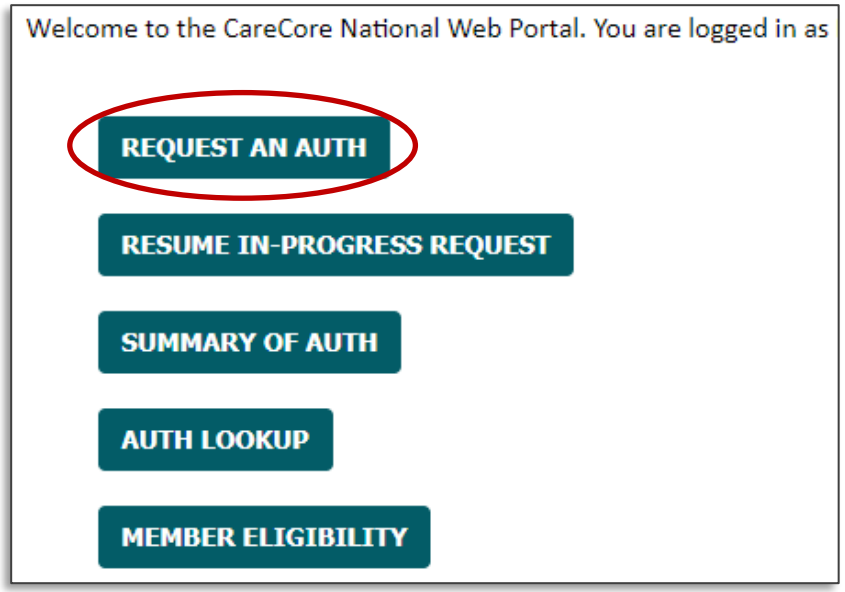
# Initiating a Case




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

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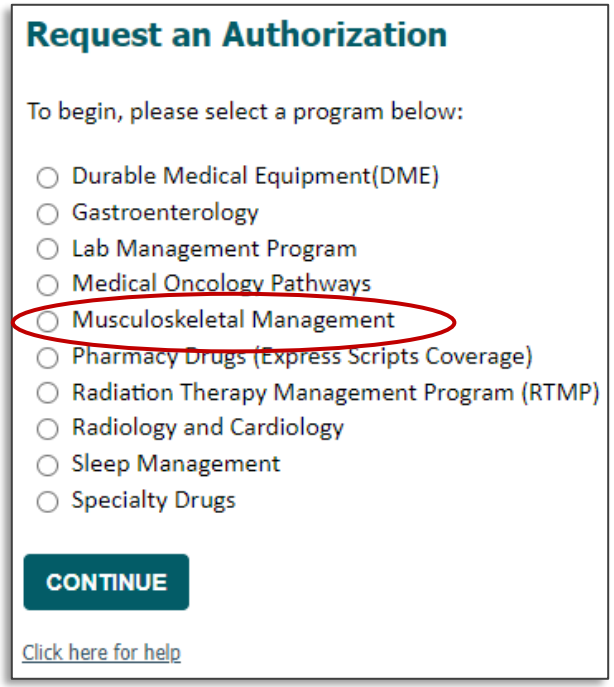
# Select Program




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

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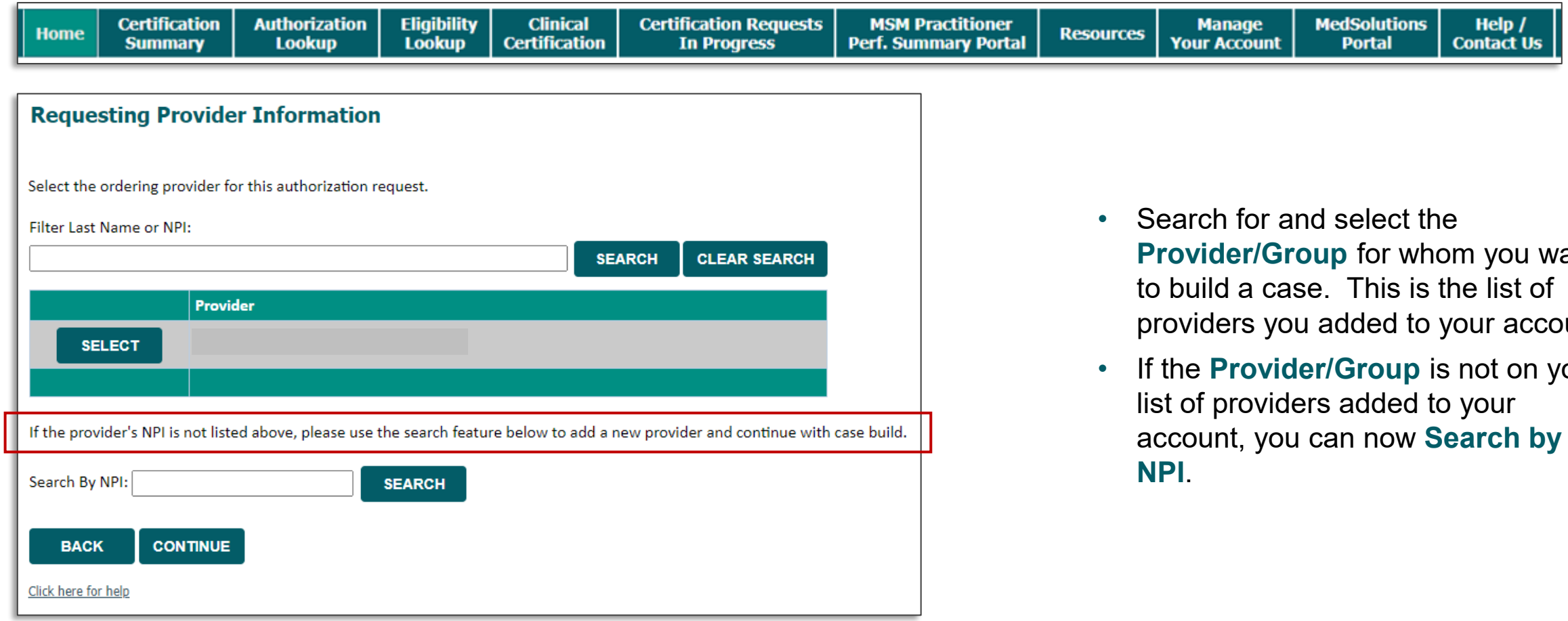
# Clinical Certification Request | Search and Select Provider




- 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**.

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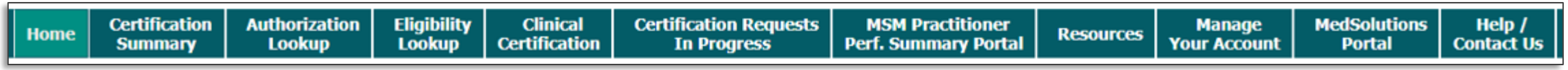
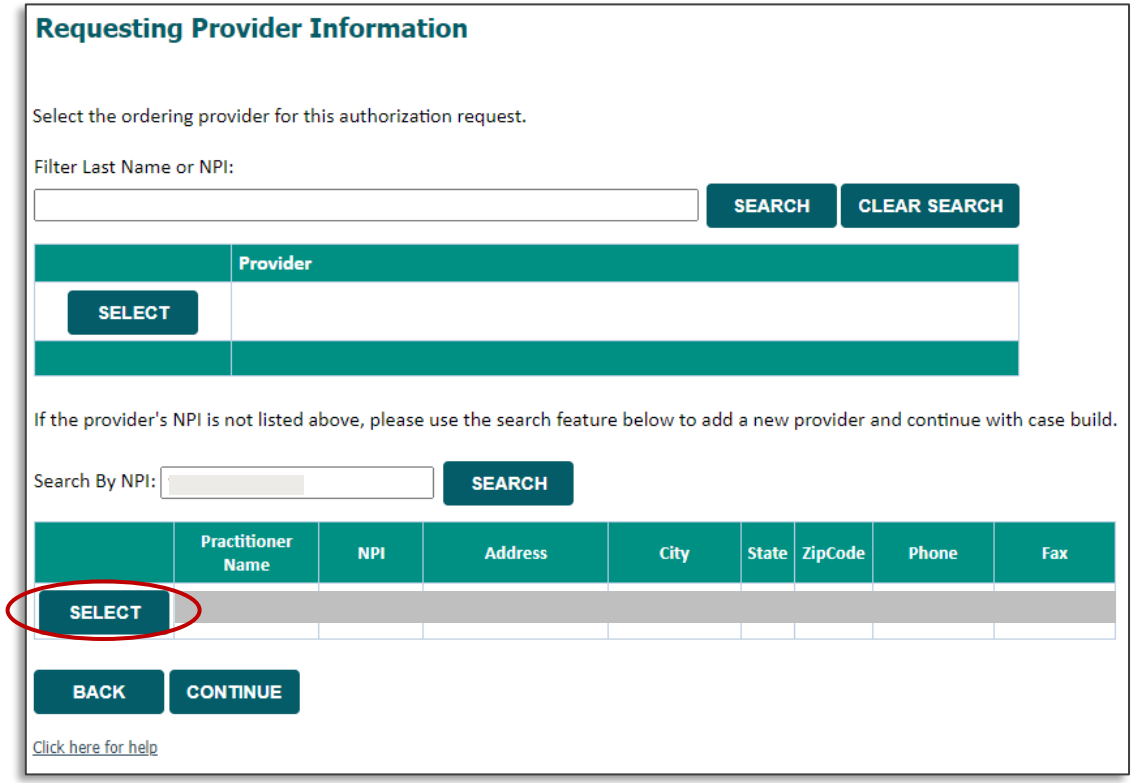
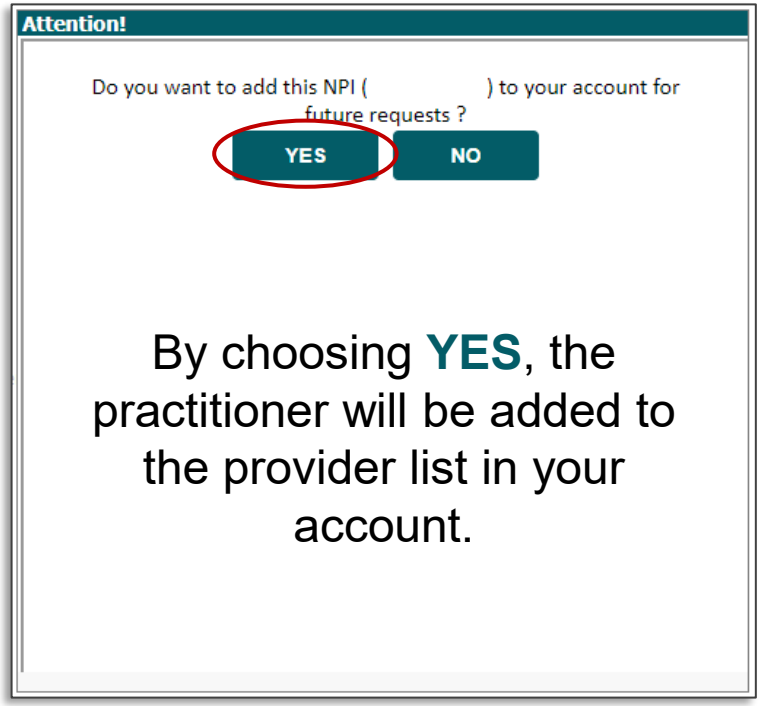
# Clinical Certification Request | Search and Select Provider




- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

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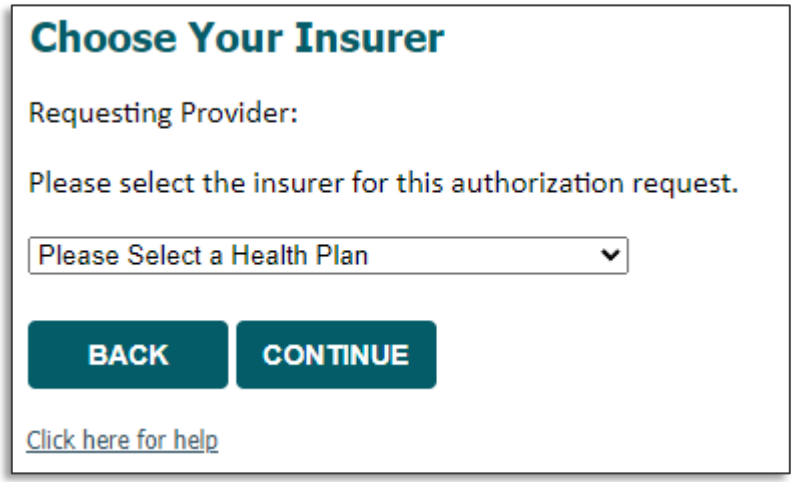
# Clinical Certification Request | Select Health Plan




- 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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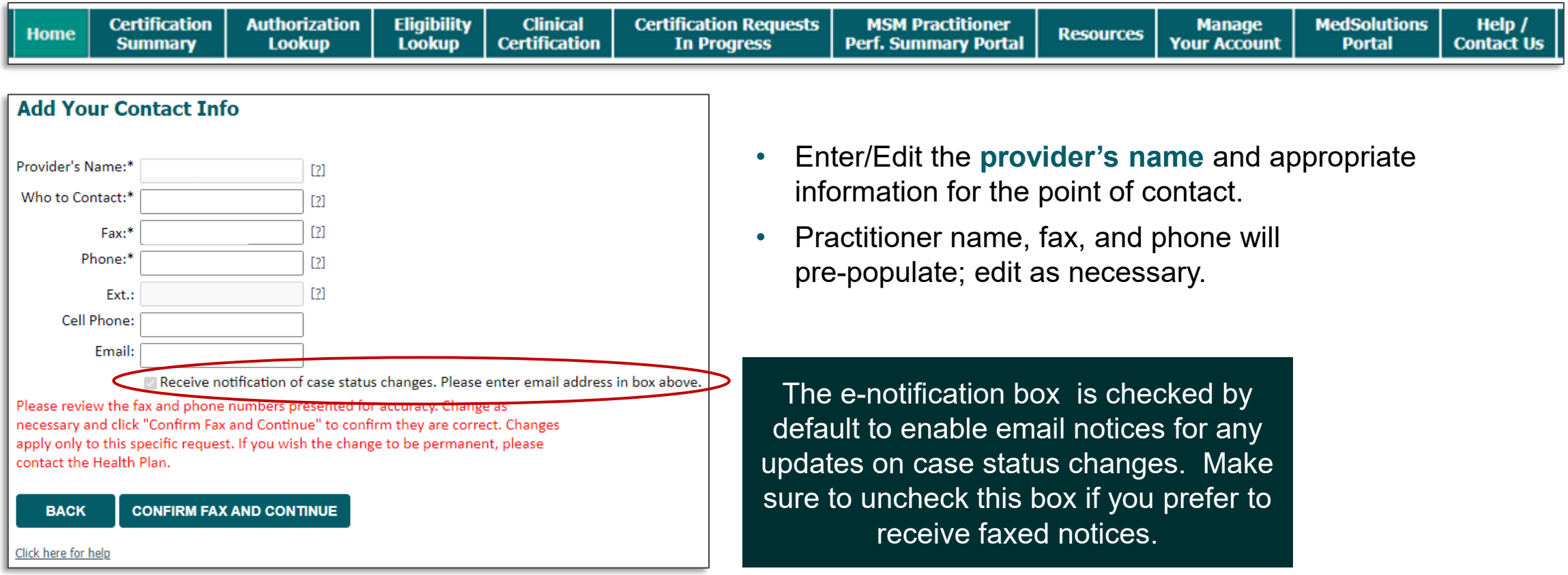
# Clinical Certification Request | Enter Contact Information




- 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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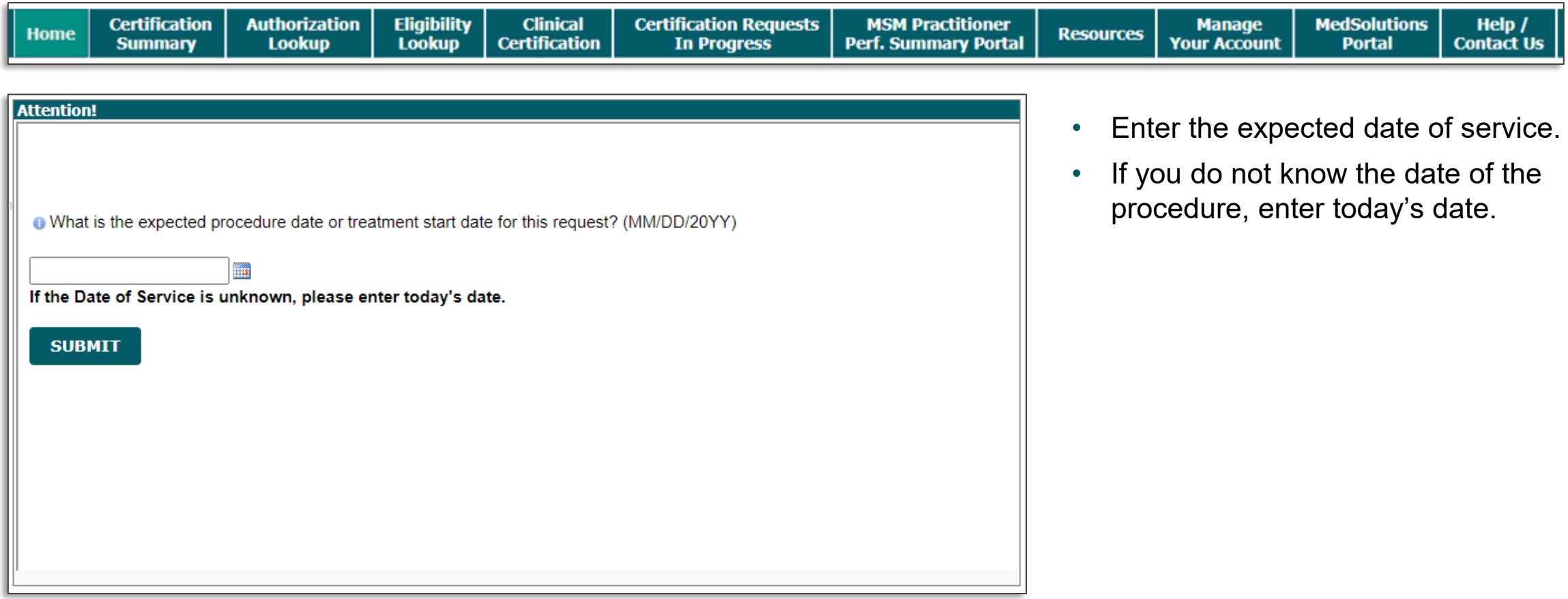
# Clinical Certification Request | Procedure Date




- Enter the expected date of service.
- If you do not know the date of the procedure, enter today's date.

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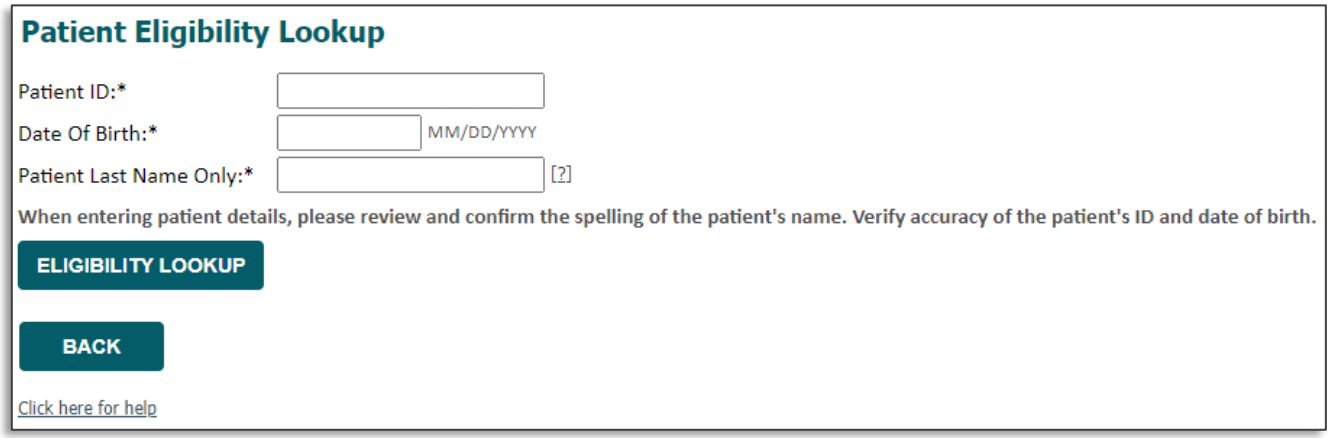
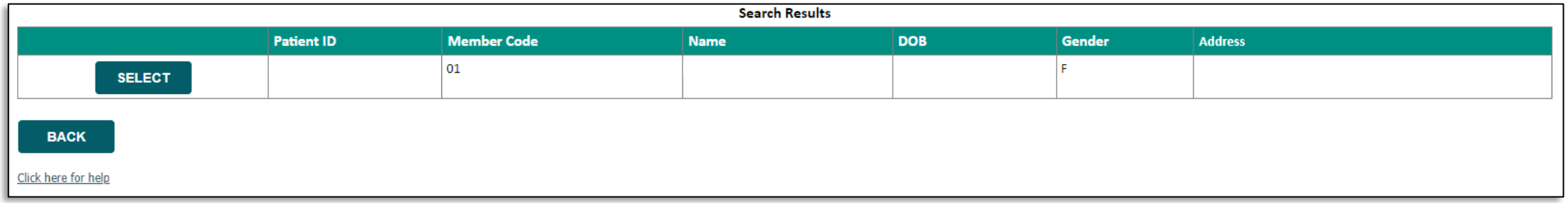
# Clinical Certification Request | Enter Member Information




- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.




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

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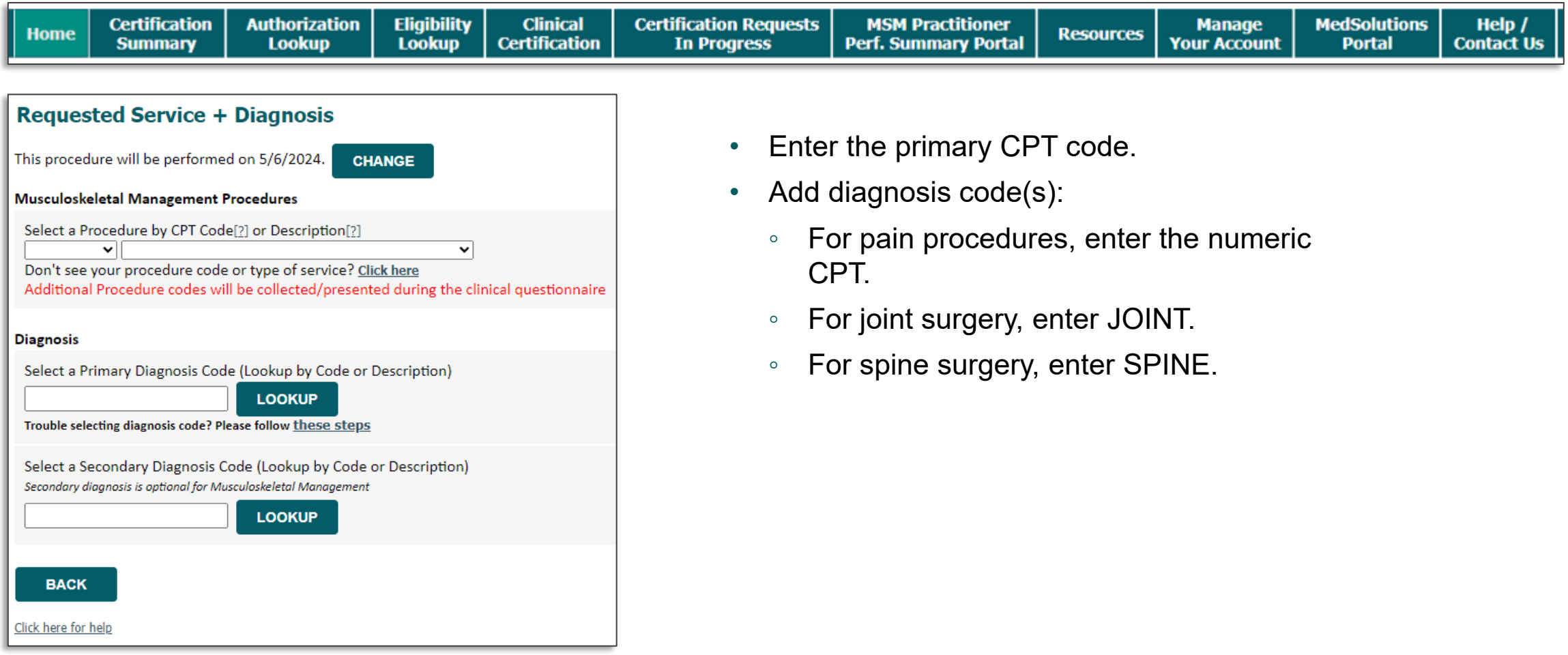
# Clinical Certification Request | Procedure and Diagnosis Codes




- 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.

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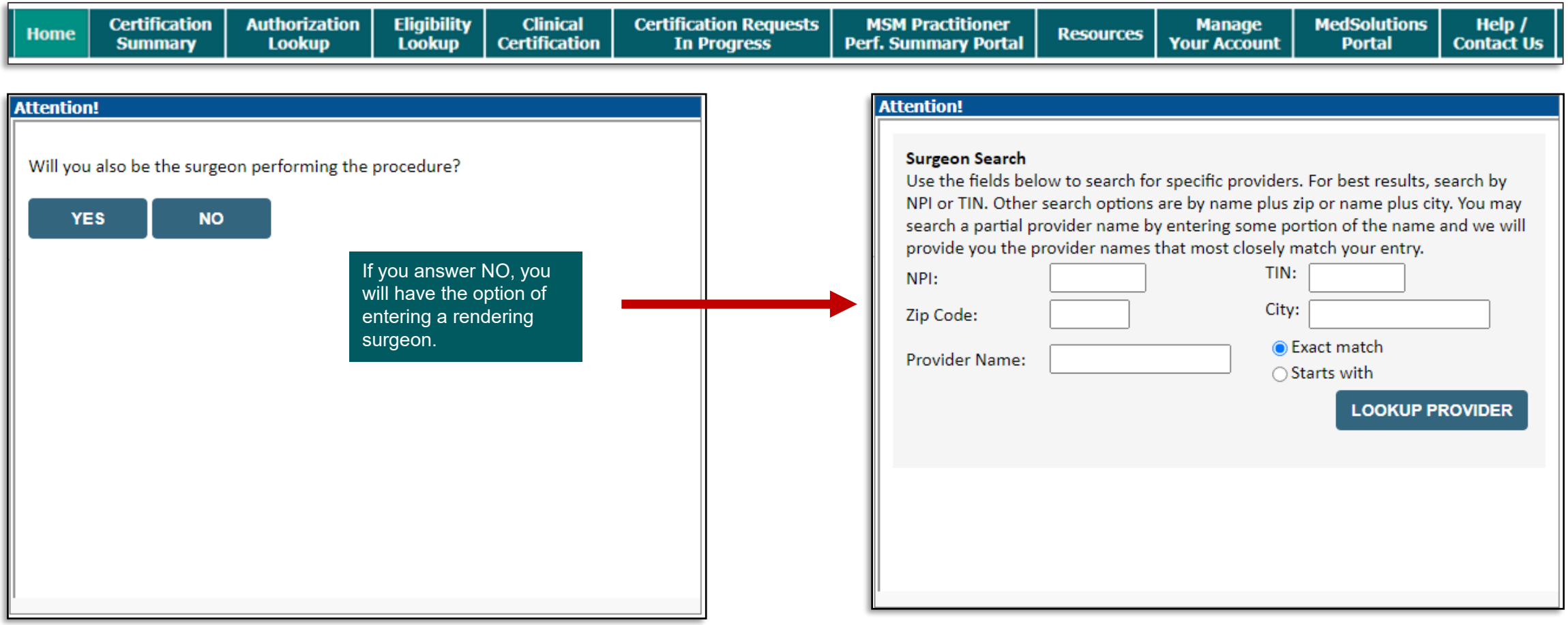
# Clinical Certification Request | Clinical Details

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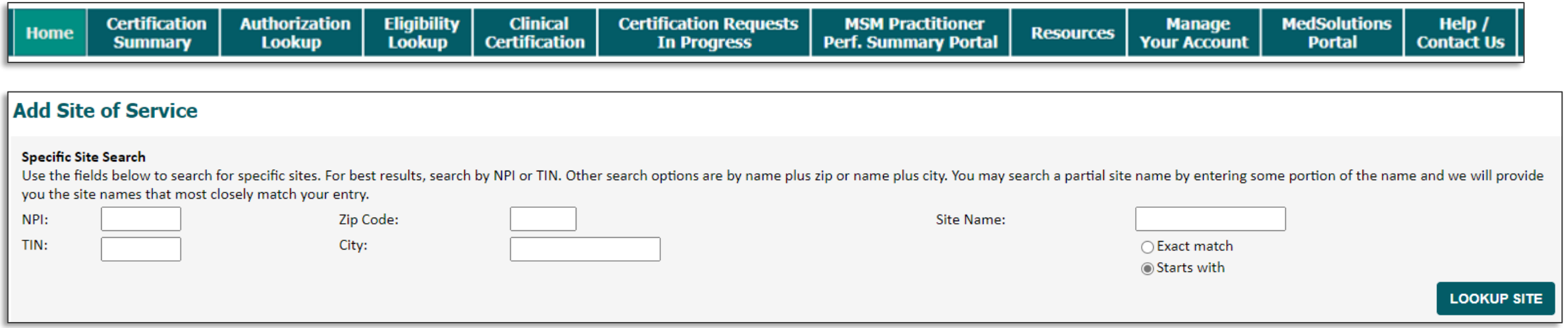
# Clinical Certification Request | Site Selection




- 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.

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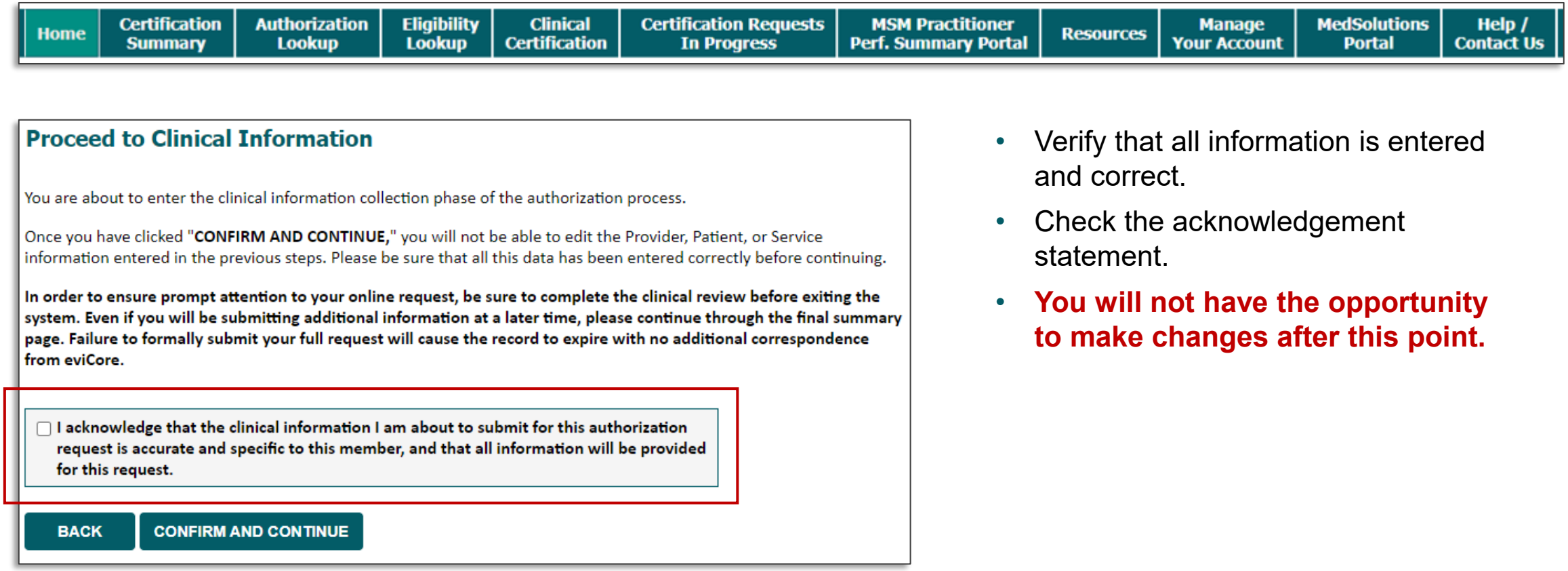
# Clinical Certification Request | Clinical Certification




- 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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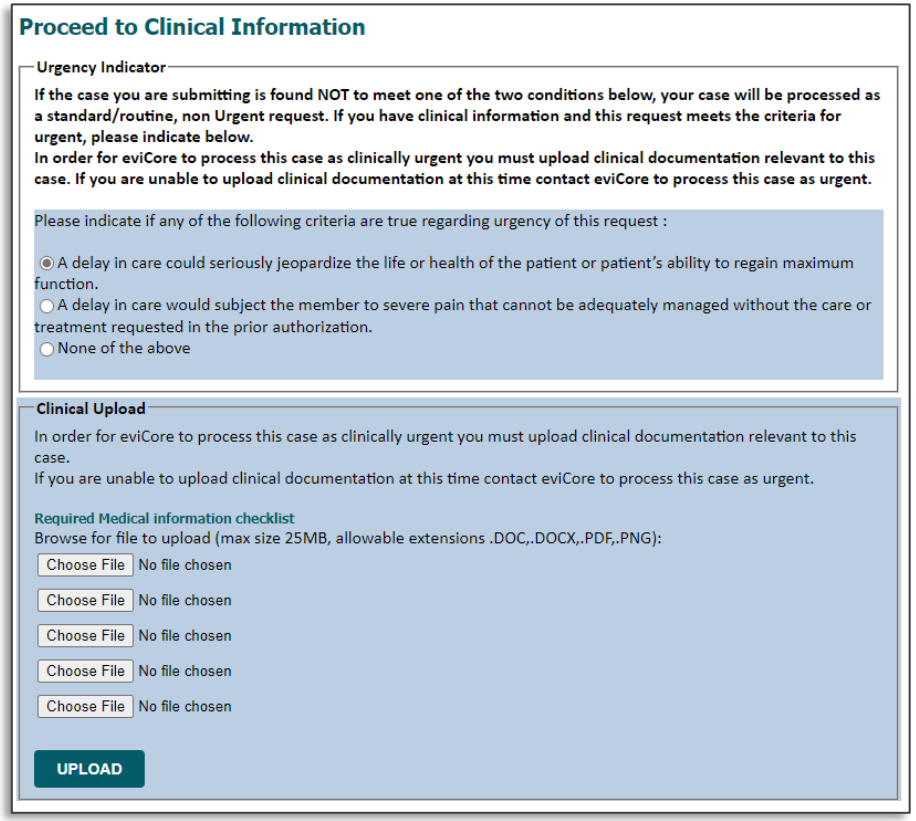
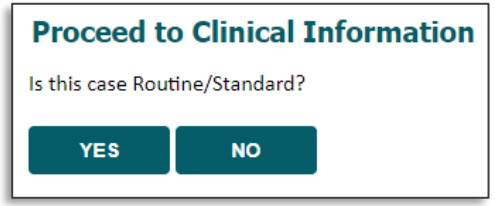
# **Clinical Certification Request |** Standard or Urgent Request?




- 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.

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# Spine Surgery Pathway

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# **Clinical Collection Process** | Pathway Questions

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# **Clinical Collection Process** | Pathway Questions

- Pathway questions will populate based upon the information provided.

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# Joint Surgery Pathway

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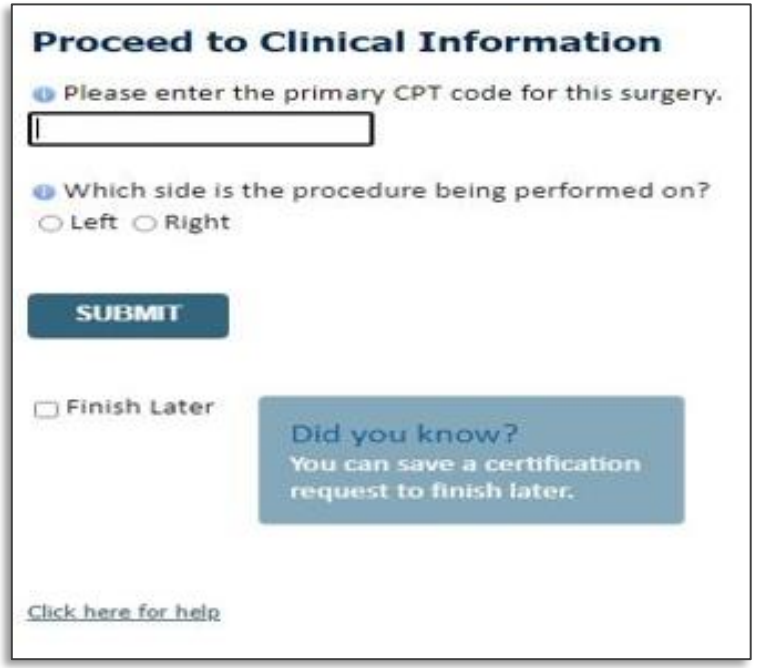
# Clinical Collection Process | Pathway Questions




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

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# **Clinical Collection Process** | Pathway Questions

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# Interventional Pain Pathway

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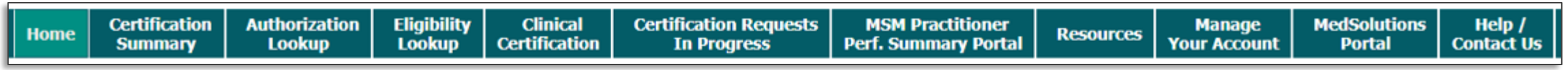
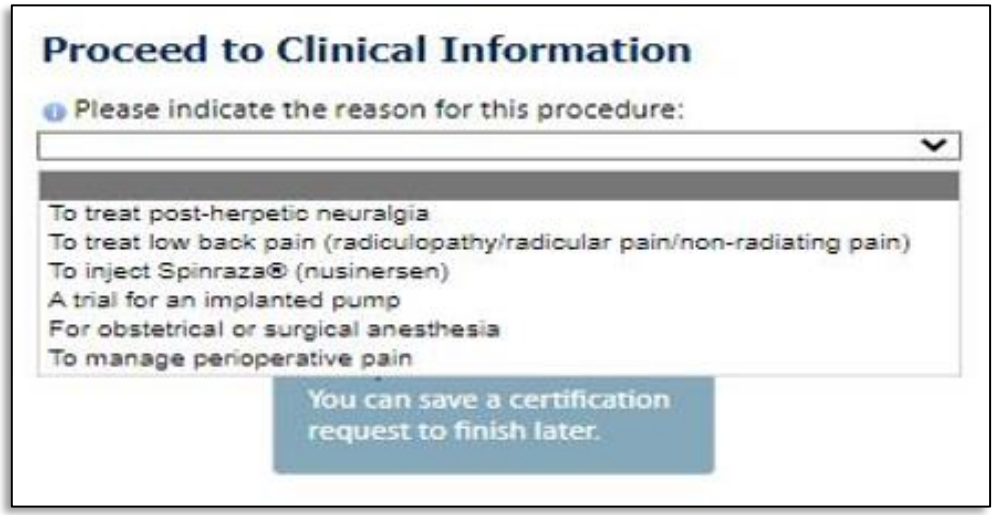
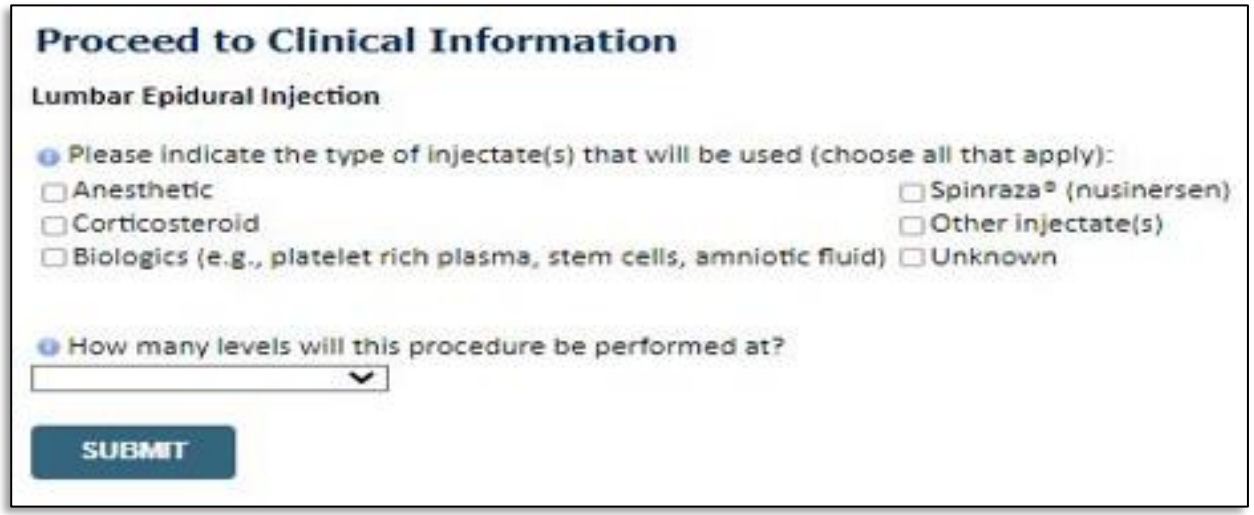
# **Clinical Collection Process** | Pathway Questions

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# **Clinical Collection Process** | Pathway Questions

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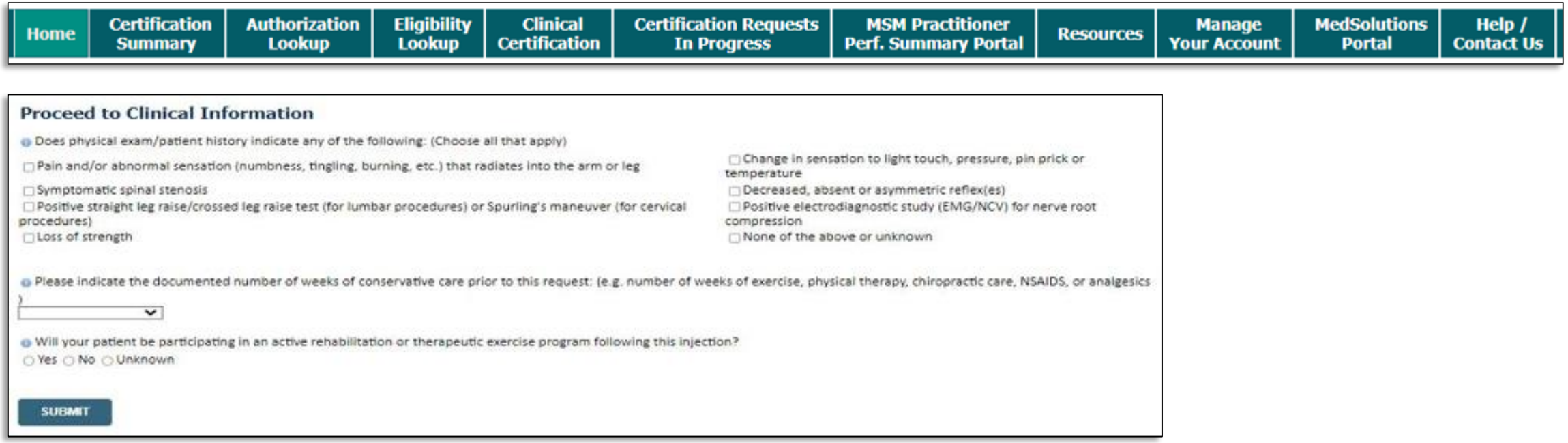
# **Clinical Collection Process** | Pathway Questions

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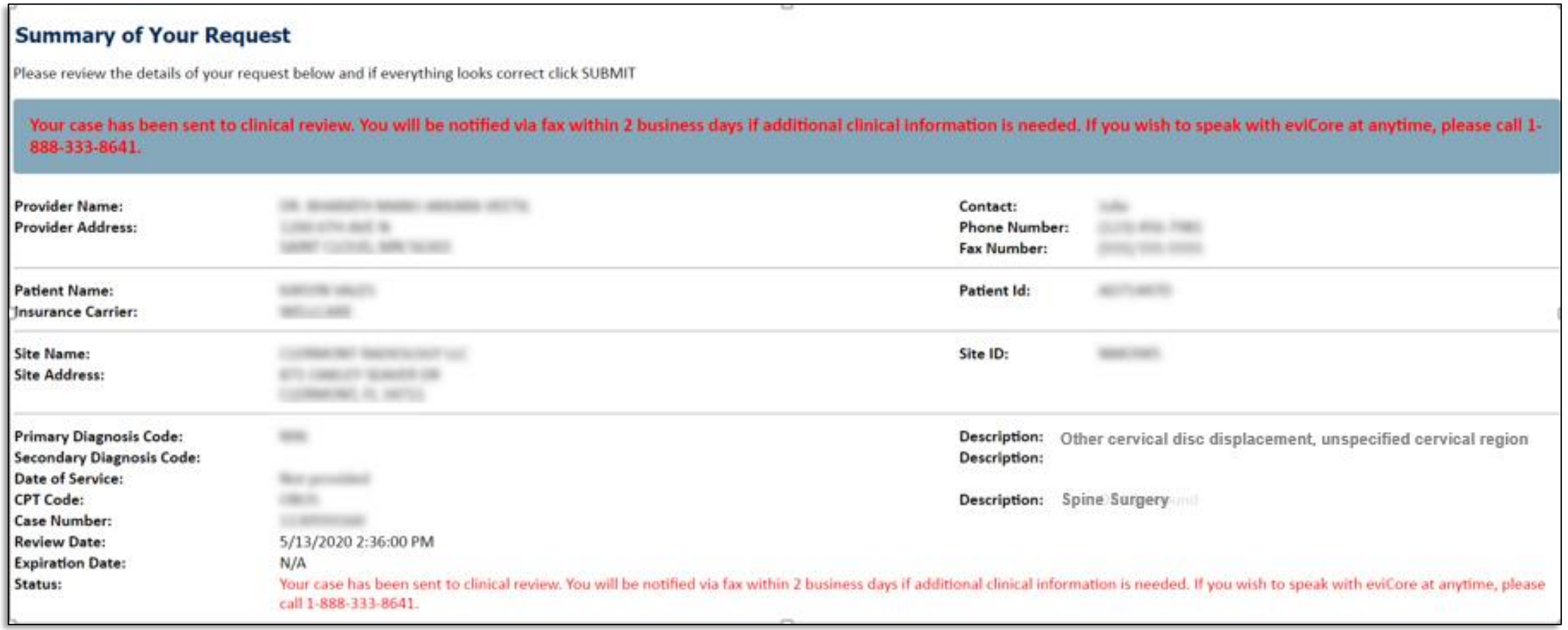
# Case Summary | Medical Review



## Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641.

| | | | |
|---|---|---|---|
| **Provider Name:** | [redacted] | **Contact:** | [redacted] |
| **Provider Address:** | [redacted] | **Phone Number:** | [redacted] |
| | | **Fax Number:** | [redacted] |
| **Patient Name:** | [redacted] | **Patient Id:** | [redacted] |
| **Insurance Carrier:** | [redacted] | | |
| **Site Name:** | [redacted] | **Site ID:** | [redacted] |
| **Site Address:** | [redacted] | | |
| **Primary Diagnosis Code:** | [redacted] | **Description:** | Other cervical disc displacement, unspecified cervical region |
| **Secondary Diagnosis Code:** | | **Description:** | |
| **Date of Service:** | [redacted] | | |
| **CPT Code:** | [redacted] | **Description:** | Spine Surgery |
| **Case Number:** | [redacted] | | |
| **Review Date:** | 5/13/2020 2:36:00 PM | | |
| **Expiration Date:** | N/A | | |
| **Status:** | Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-888-333-8641. | | |

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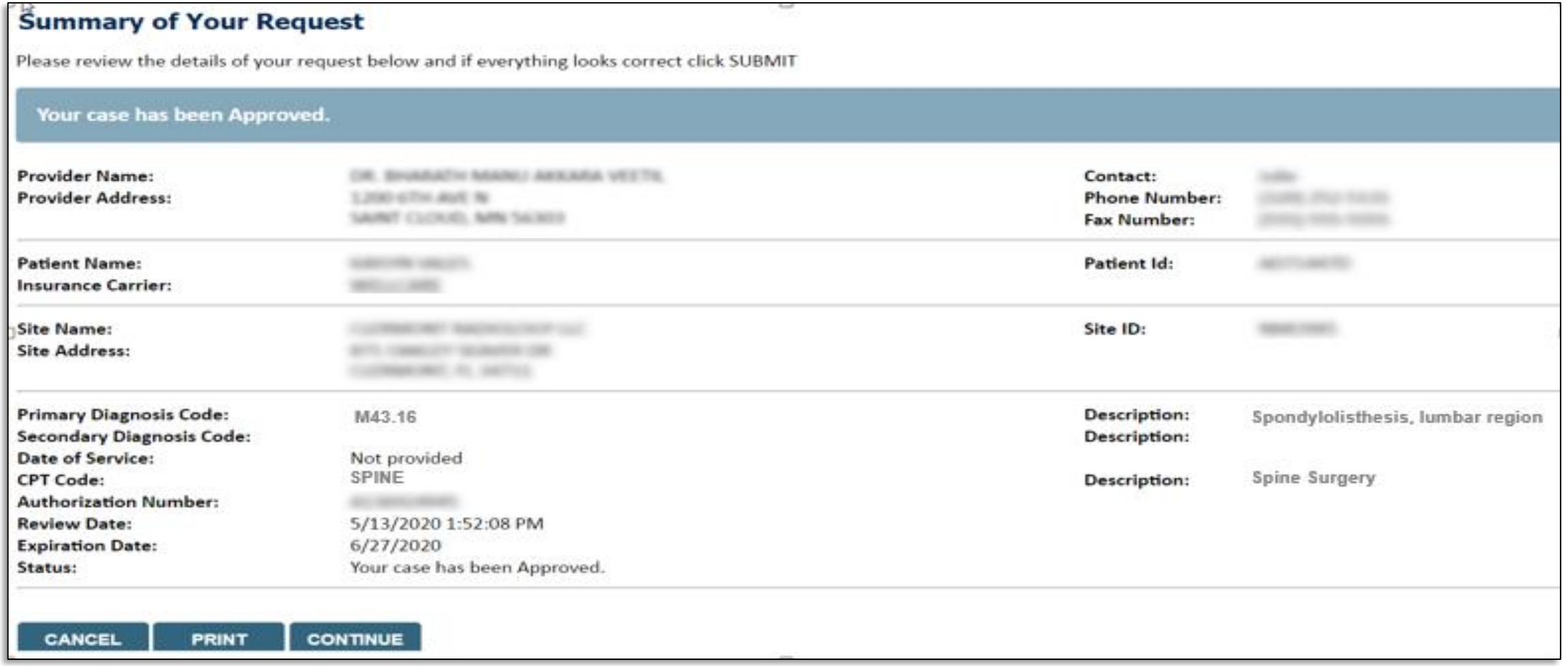
# Case Summary | Approval



## Summary of Your Request

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

**Your case has been Approved.**

| | | | |
|---|---|---|---|
| **Provider Name:** | [redacted] | **Contact:** | [redacted] |
| **Provider Address:** | [redacted] | **Phone Number:** | [redacted] |
| | | **Fax Number:** | [redacted] |
| **Patient Name:** | [redacted] | **Patient Id:** | [redacted] |
| **Insurance Carrier:** | [redacted] | | |
| **Site Name:** | [redacted] | **Site ID:** | [redacted] |
| **Site Address:** | [redacted] | | |
| **Primary Diagnosis Code:** | M43.16 | **Description:** | Spondylolisthesis, lumbar region |
| **Secondary Diagnosis Code:** | | **Description:** | |
| **Date of Service:** | Not provided | | |
| **CPT Code:** | SPINE | **Description:** | Spine Surgery |
| **Authorization Number:** | [redacted] | | |
| **Review Date:** | 5/13/2020 1:52:08 PM | | |
| **Expiration Date:** | 6/27/2020 | | |
| **Status:** | Your case has been Approved. | | |

CANCEL PRINT CONTINUE

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# Provider Resources

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# Contact EviCore's Dedicated Teams

### Client and Provider Services

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

- Access: **ECRM Services**
- ECRM educational resources: **ECRM Resources | EviCore by Evernorth**
- Trouble using ECRM? Send an email to: **ECRMSupport@EviCore.com**

### Provider Engagement

Regional team that works directly with the provider community.

- **Provider Engagement Manager Territory List**

### Web-Based Services and Portal Support

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

### Call Center

Call **888-444-6182**, representatives are available from 7 a.m. to 7 p.m. local time

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# +Provider Resource Website

**EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials 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

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

**To access these helpful resources, visit EviCore's Providers' Hub.**

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# 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

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# Provider Resource Review Forum

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

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate **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

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# Thank You

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# Appendix

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# Online Peer-to-Peer Scheduling Tool

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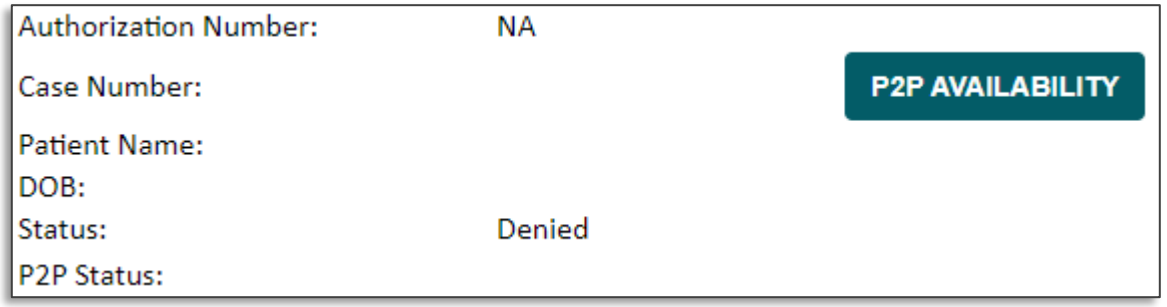
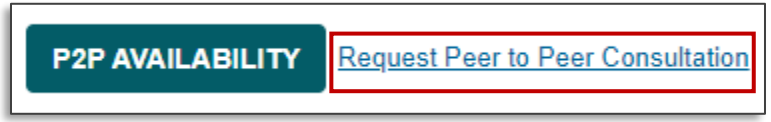
# How to Schedule a Peer-to-Peer (P2P) Request

- 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.

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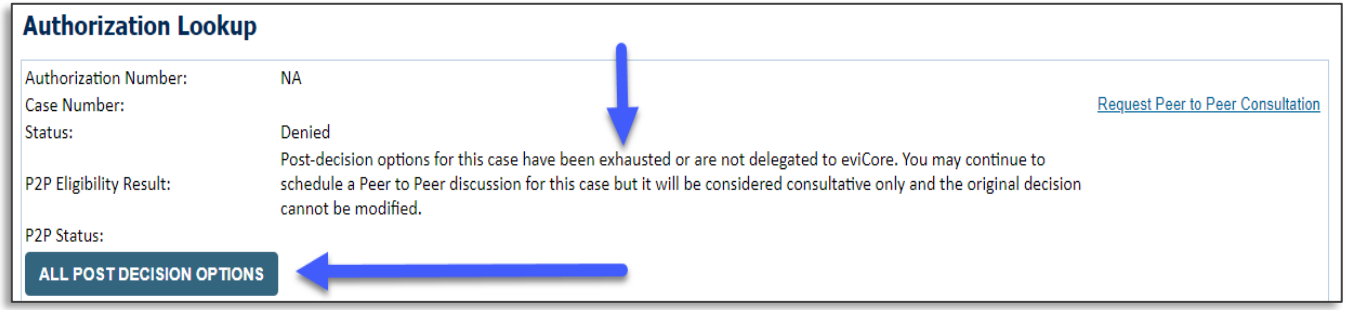
# How to Schedule a Peer-to-Peer Request

- 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.




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

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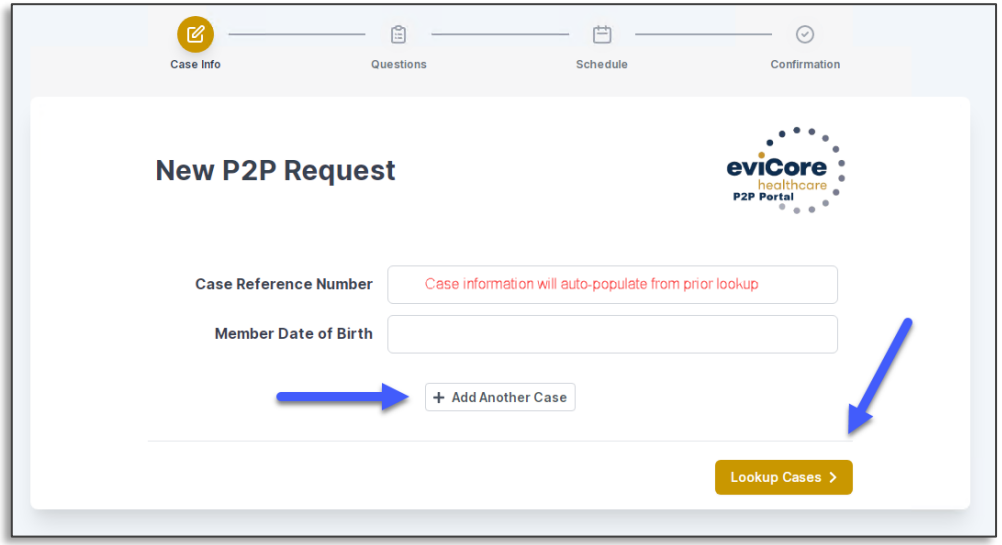
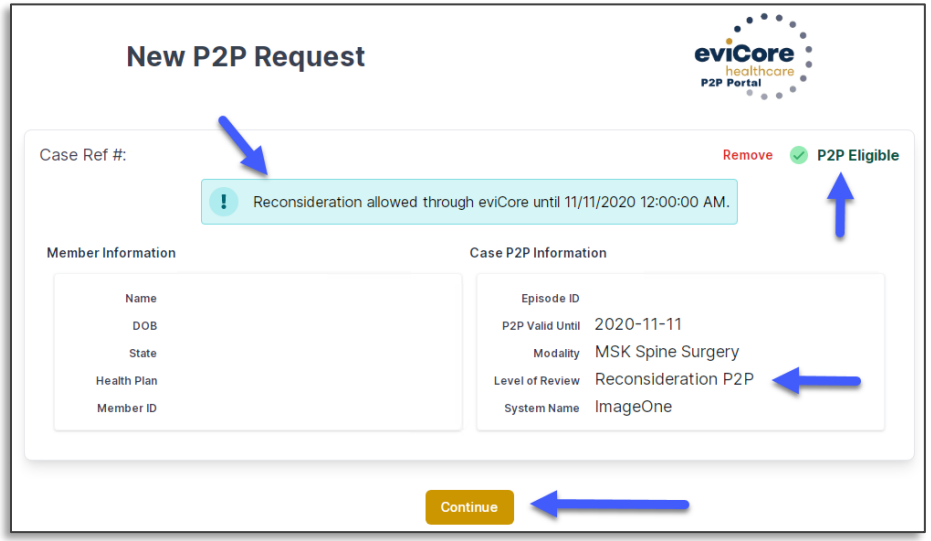
# How to Schedule a Peer-to-Peer Request




- 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.

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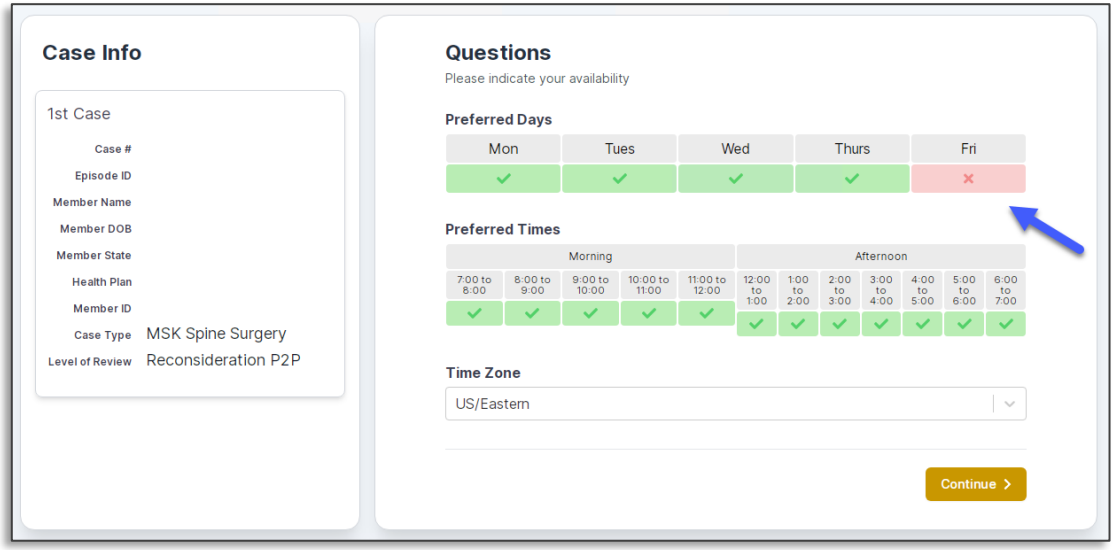
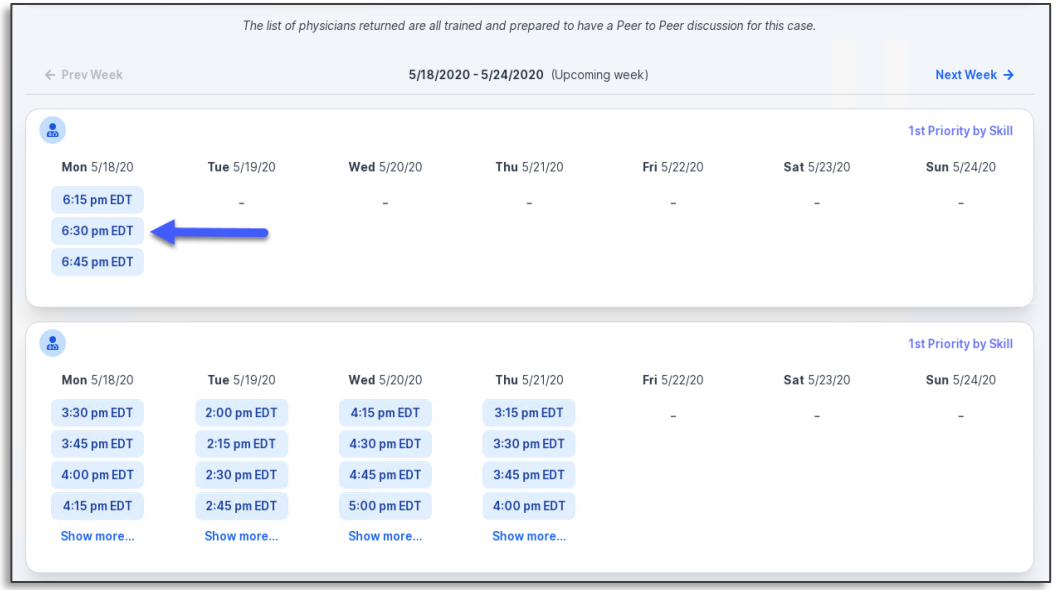
# How to Schedule a Peer-to-Peer Request




- 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.

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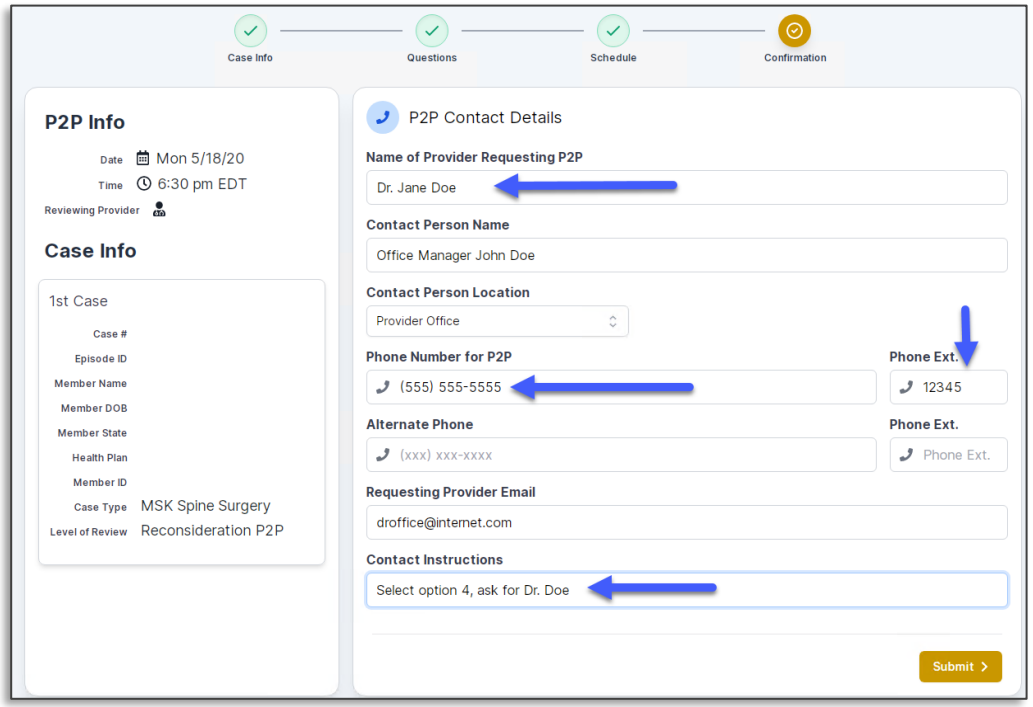
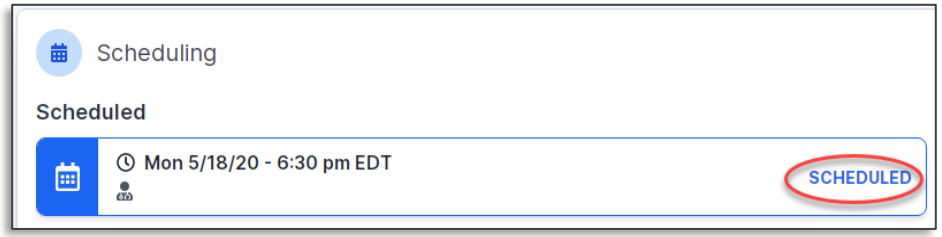
# How to Schedule a Peer-to-Peer Request

## 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.

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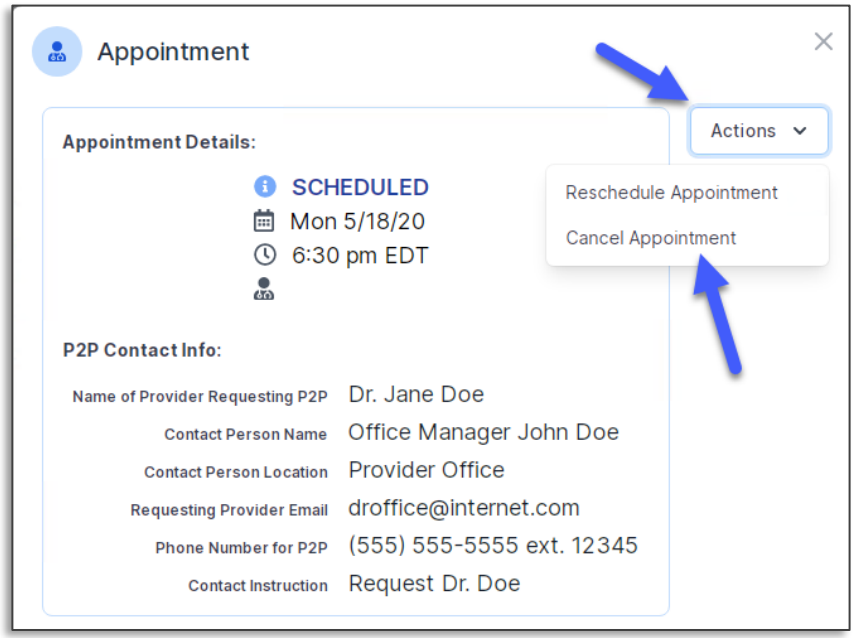
# Canceling or Rescheduling a Peer-to-Peer Appointment

## 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.

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# EviCore Portal Features

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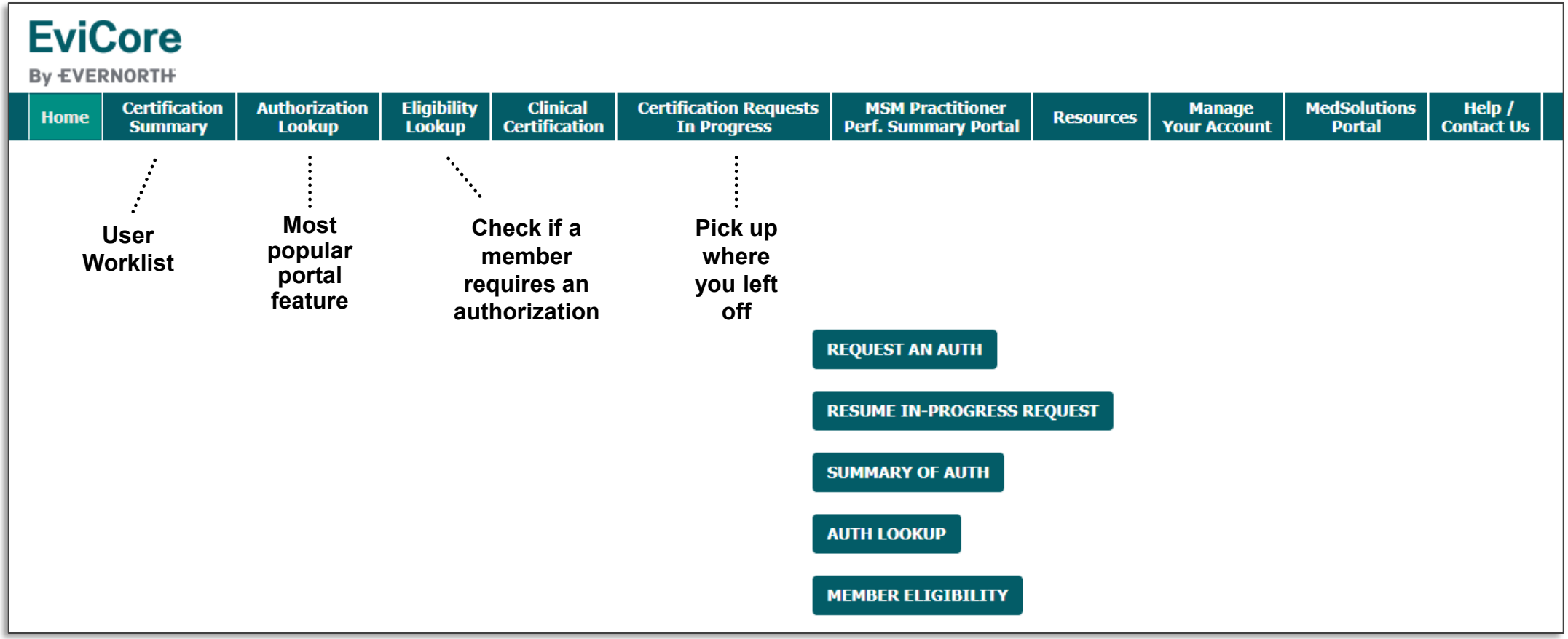
# **Provider Portal** | Feature Access



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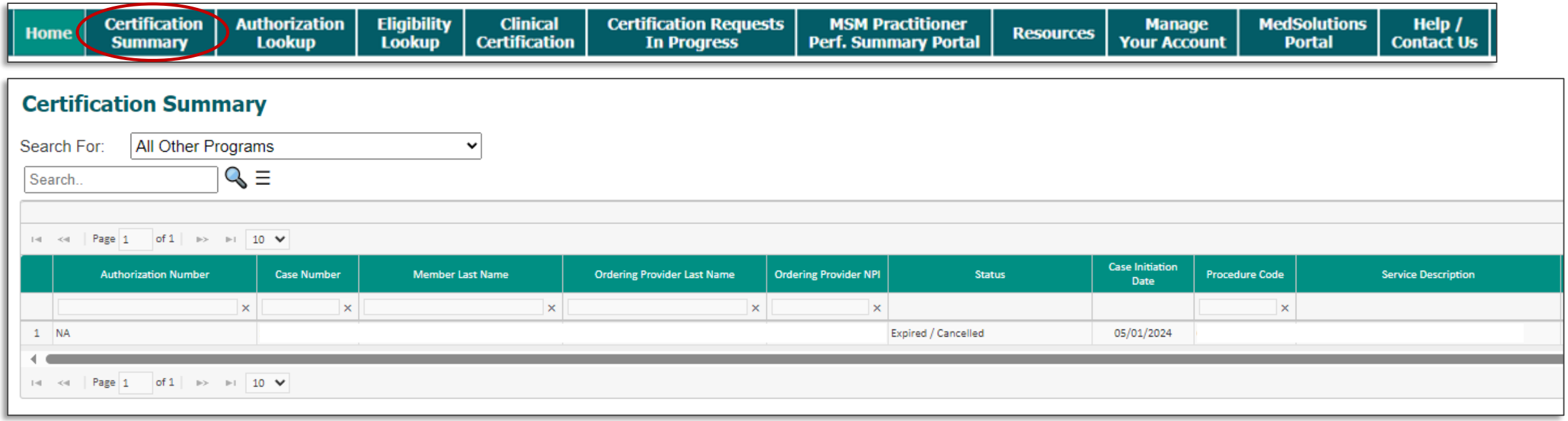
# Certification Summary | User Worklist




- The **Certification Summary** tab allows you to track recently submitted cases.
- The worklist can also be filtered.

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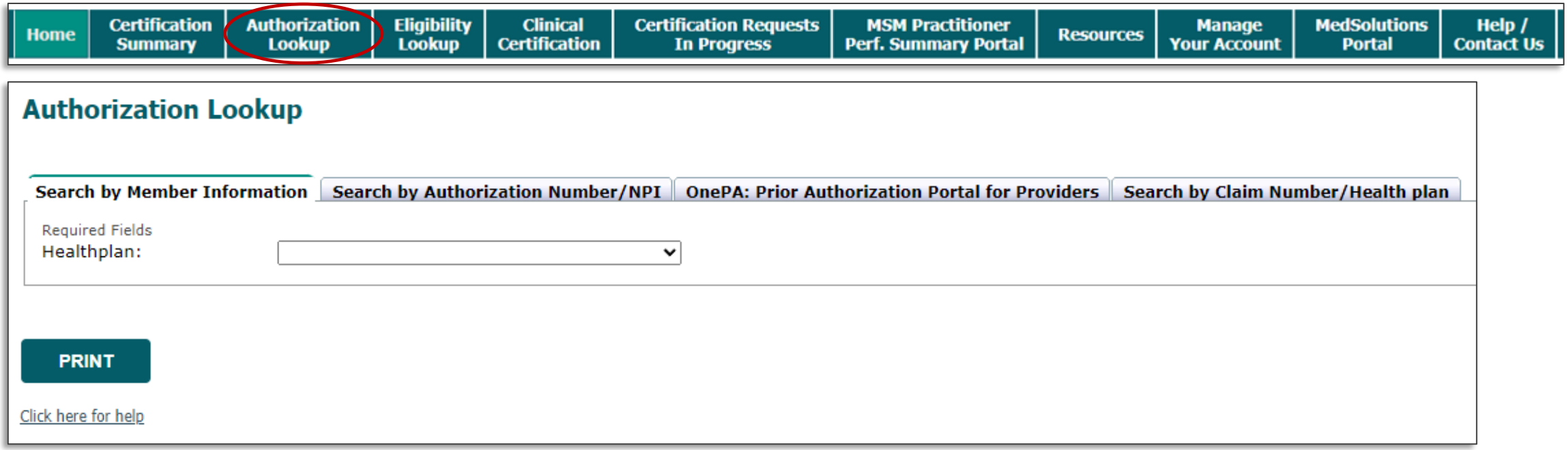
# **Authorization Lookup** | Popular Tool




- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

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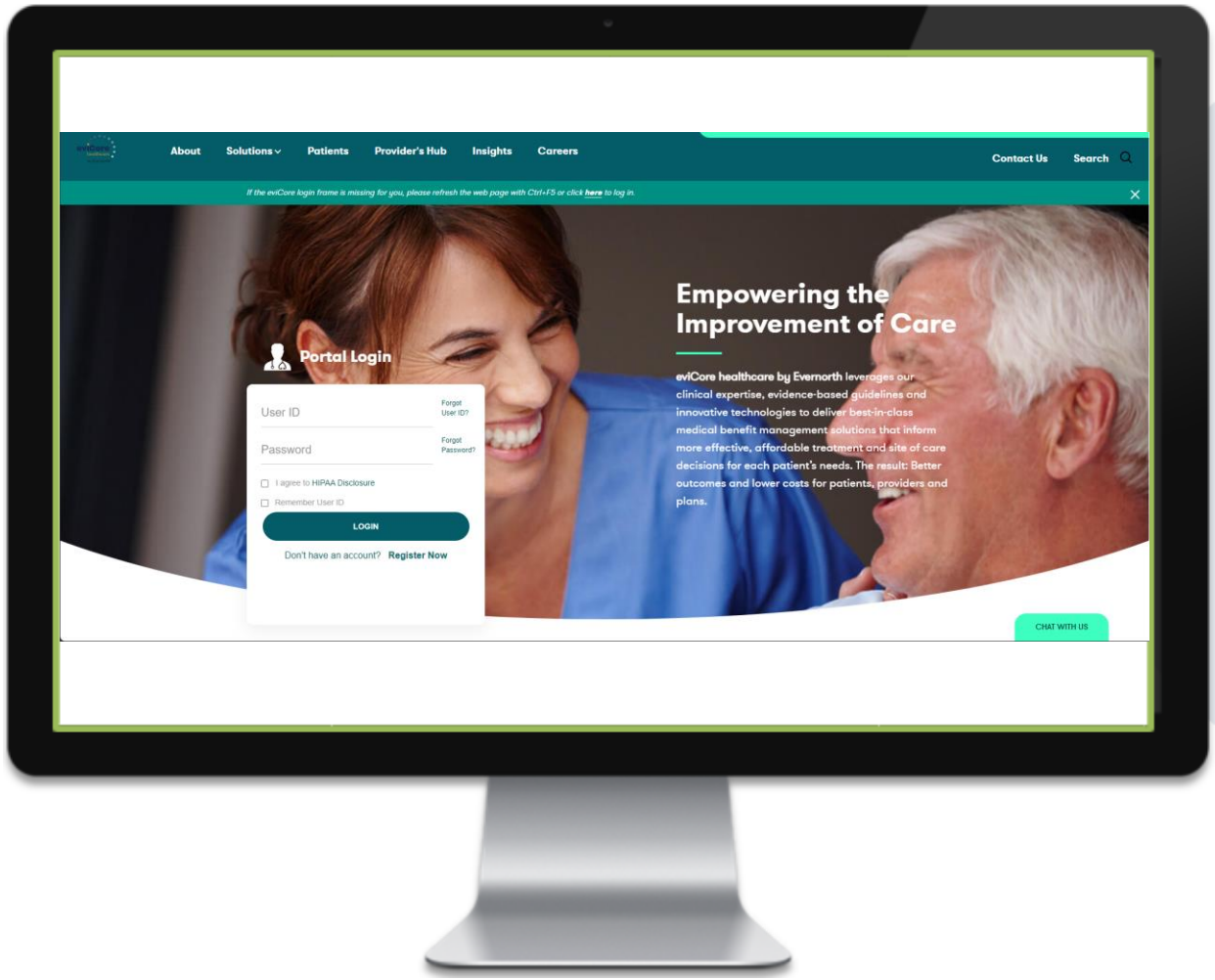
# **Provider Portal Demo |** MSK Pain, Joint, and Spine Procedures

**The EviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status.**

**Click HERE to view a video demo (2 min)**

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