

**Pain Management,
Spine & Joint Surgery
Frequently Asked Questions
(FAQs)**

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services.

Which members will EviCore manage for the Pain Management and Spine & Joint Surgery Musculoskeletal program?

EviCore will manage prior authorization for Pain Management and Spine & Joint surgery services for OHSU Health Service members.

What is EviCore Musculoskeletal Management program?

The ordering physician should contact EviCore prior to the procedure being scheduled and performed. The request may be immediately processed, or additional information may be requested. Claims will be denied if EviCore has not deemed services are medically necessary, based on industry standard criteria. The claim from the rendering provider will be denied and the member will be held harmless.

Which testing services require prior authorization for OHSU Health Services?

Please refer to the list of CPT codes that require prior authorization at [OHSU Health Services Provider Resources | EviCore by Evernorth](#).

Note: Services performed as a part of 23-hour observation or via an emergency room visit don't require authorization.

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

Member eligibility and benefits should be verified by the health plan on their [Benefit Tracker](#) before requesting prior authorization through EviCore.

How do I request prior authorization through EviCore?

Providers and/or staff can request prior authorization in one of the following ways:

+ **Web Portal**

The EviCore portal is the preferred method to initiate a request. It is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [EviCore.com](#)

+ **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 make revisions to existing cases by calling **844.303.8451**.

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What are the benefits of using EviCore Web Portal?

Our web portal provides 24/7 access to submit a request or check on the status of your request. The portal also offers additional benefits for your convenience:

- + **Speed** – Requests submitted online require half the time (or less) than those taken telephonically. They can often be processed immediately.
- + **Efficiency** – Medical documentation can be attached to the case upon initial submission, reducing follow-up calls and consultation.
- + **Real-Time Access** – Web users are able to see real-time status of a request.
- + **Member History** – Web users are able to see both existing and previous requests for a member.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available: EviCore requires name (first and last) and one additional identifier from the list below.

Member

- + First and Last Name
- + Date of Birth
- + Full Address
- + Phone number including area code
- + Member ID
 - o Driver's License number or government-issued ID
 - o Correct case number/Episode ID

Ordering Provider

- + First and Last Name
- + National Provider Identification (NPI) Number
- + Tax Identification Number (TIN)
- + Phone and Fax Number

Rendering (Performing) Provider

- + Facility Name
- + National Provider Identification (NPI) Number
- + Tax Identification Number (TIN)
- + Street Address

Clinical(s)

- + Procedure Code (CPT Code)
- + Signs and symptoms
- + Imaging/X-ray reports
- + Results of relevant test(s)
- + Working diagnosis
- + Patient history, including previous therapy

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Where can I access EviCore's clinical guidelines?

EviCore's clinical guidelines are available online 24/7 and can be found by visiting the following link: [Musculoskeletal: Advanced Procedures | EviCore by Evernorth](#). However, for OHSU Health Services members, Medical Necessity decisions are made based on the Oregon Health Authority policies and guidelines: [OHP Policies, Rules and Guidelines](#).

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at [EviCore.com](#) or by contacting our contact center at **844.303.8451**. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

Note: Please select urgent for those cases that truly are urgent and not simply for a "quicker" review. Also note that if a request is selected as urgent but does not meet guidelines to be considered urgent, the case may be reassigned as a routine case.

Does EviCore review cases retrospectively if no authorization was obtained prior to the service being performed?

Retrospective requests must be initiated within 14 calendar days following the date of service and prior to claim submission.

Important: Please have all clinical information relevant to your request available when you contact EviCore.

Will EviCore approve a series of injections?

No. A series of injections will not be authorized. EviCore requires a separate Pain Management prior authorization request for each date of service. Patient's response to previous injections administered will often determine if a subsequent injection is necessary. Including this information in the office notes may help avoid processing delays.

After I submit my request, when and how will I receive the determination?

After all clinical info is received for normal (non-urgent) requests, a decision is made within 2-3 business days. For urgent requests, a decision is made within 24 hours. The provider will be notified electronically or by fax. Determination notices are also available on the Web portal 24/7.

How long is the authorization valid?

Authorizations are valid for 180 calendar days. If the service is not performed within 180 days from the issuance of the authorization, please contact EviCore.

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What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as post decision options. Please refer to the denial notices for specific case instructions.

Note: Providers can request a Clinical Consultation / peer-to-peer (P2P) discussion with an EviCore Medical Director to better understand the decision rationale. However, the P2P discussion will not change the determination.

How do I make a revision to an authorization that has been performed? How do I make a revision to authorization that has not been performed?

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

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
- + Site Name and Location
- + Prior Authorization Date and Expiration Date

Where do I submit questions or concerns regarding this program?

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- + Access: [ECRM Services](#)
- + ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)
- + Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Where can I find additional educational materials?

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

How do I determine if a provider is in network?

Participation status can be verified through the health plan. EviCore receives a provider file from the health plan with contracted participating and non-participating providers.

Where do I submit my claims?

Claims should be filed with the health plan.