

MUSCULOSKELETAL MANAGEMENT

Provider Orientation Session for EOCCO and OHSU Health Services

Spring 2026

EviCore
By EVERNORTH

Agenda

1. Musculoskeletal Management Program Overview
2. Submitting Requests
3. Prior Authorization & Outcomes, Special Considerations
4. EviCore Provider Portal
 - Spine Surgery Pathways
 - Joint Surgery Pathways
 - Interventional Pain Pathways
5. Provider Resources

Musculoskeletal Management Program Overview

Moda Health Prior Authorization Services

EviCore will begin accepting prior authorization requests Spine & Joint Surgeries and Pain Management services on April 27th, 2026, for dates of service on and after May 1st, 2026.



Applicable Membership

- + EOCCO
- + OHSU Health Services

Prior authorization applies to the following services

- + Outpatient and Inpatient procedures
- + Elective/Non-emergent

Prior authorization does NOT apply to services performed in:

- + Emergency Rooms
- + Observation Services

EviCore will review services on a procedure only. Please contact Moda Health regarding authorization of an Inpatient Length of Stay

Providers should verify member eligibility and benefits on the secured provider log-in section on their: [Benefit Tracker](#)

Delegated Services

Joint Surgery

- Large joint replacement
 - Arthroscopic and open procedures

Spine Surgery

- Cervical/Lumbar
 - Decompressions
 - Fusions

Interventional Pain

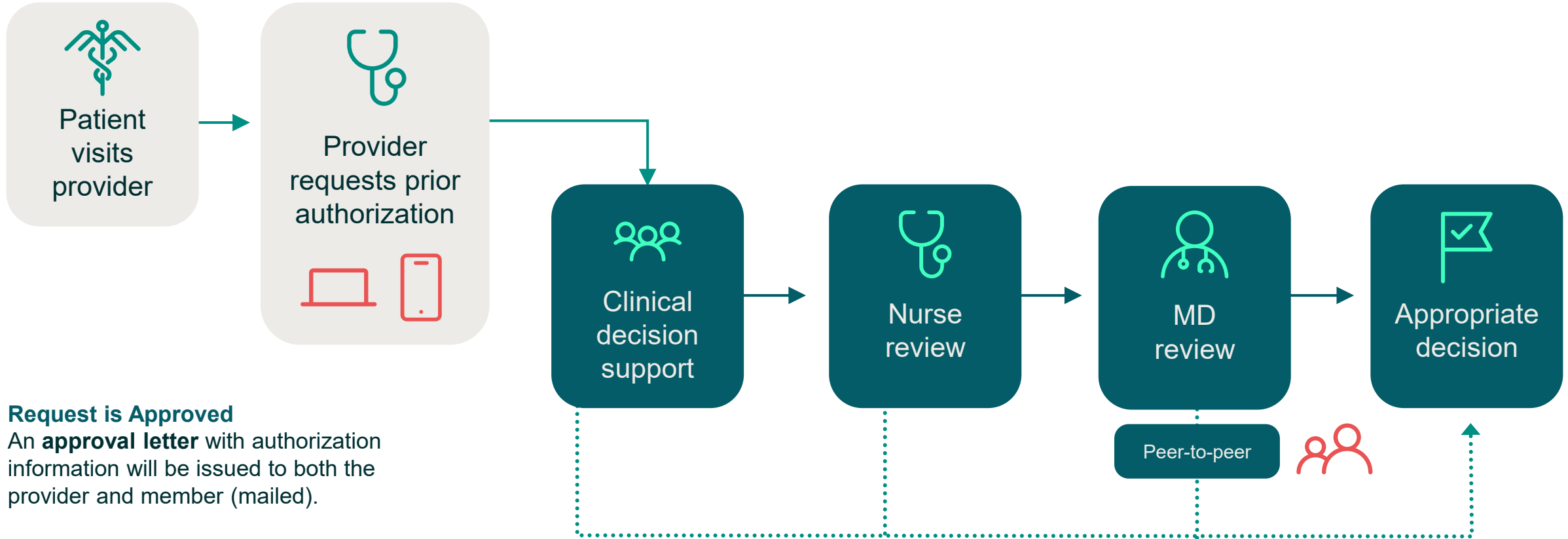
- Spinal injections
- Spinal implants
 - Spinal cord stimulators
 - Pain pumps

To find a list of CPT codes that require prior authorization through EviCore, please visit: [EOCCO Provider Resources | EviCore by Evernorth](#) or [OHSU Health Services Provider Resources | EviCore by Evernorth](#)



Submitting Requests

Pre-service prior authorization workflow



Request is Approved

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

Request is Denied

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

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 in 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:** 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 submittals

To access the EviCore Provider Portal, visit evicore.com/provider

Or by phone: **844.303.8451**

Monday – Friday
7 AM – 7 PM (local time)

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) Physician

- ✓ Physician name
- ✓ National provider identifier (NPI)
- ✓ Phone & fax number



Supporting Clinical

- ✓ Patient's subjective complaints, objective examination findings, and quantified measures of function.
- ✓ Baseline and current clinical information from the initial evaluation.
- ✓ Provider's impression of the member's response to treatment (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.



Rendering Facility

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

All clinical information pages must include the member's first and last name and at least one additional patient identifier, such as date of birth and health plan ID.

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:



A hold letter will be faxed to the requesting provider requesting additional documentation.



The hold letter will inform the provider about what clinical information is needed as well as the **due date indicated in the letter.**

The provider must submit the additional information to EviCore. If uploading documents is not available, you can fax to 800-540-2406



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.



EviCore will review the additional documentation and reach a determination.

Determination notifications will be sent.

I've received a request for additional clinical information. What's next?



Important to note: If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com)

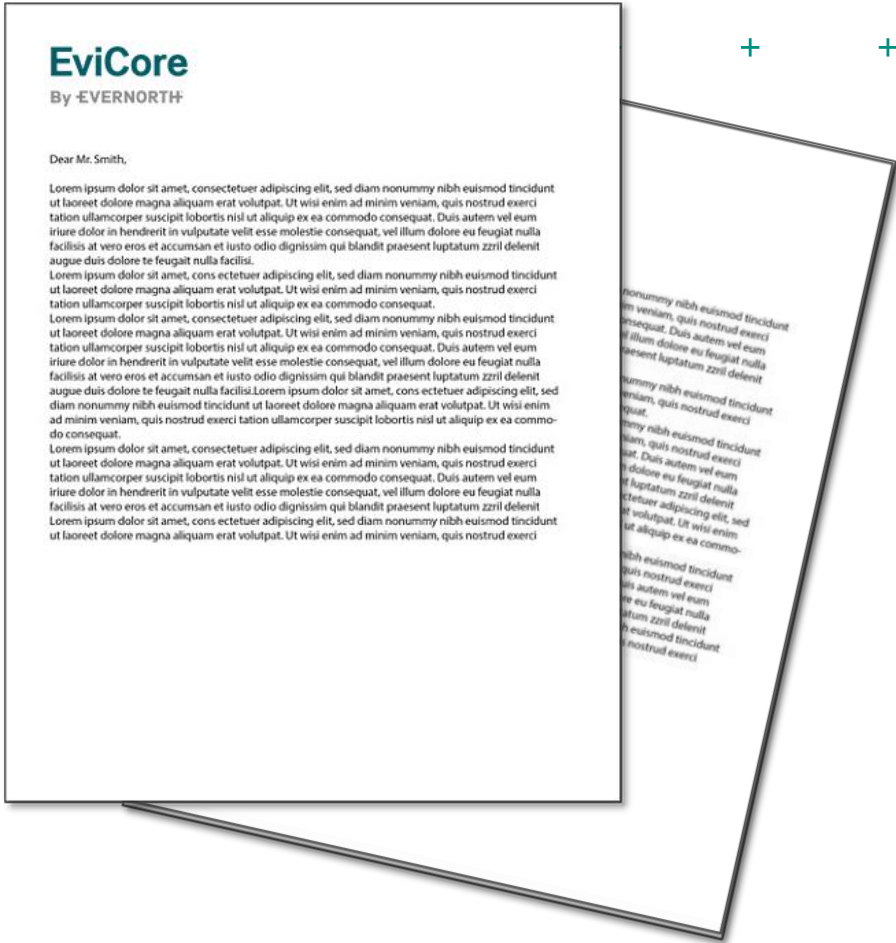
There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at [EviCore.com](https://www.evicore.com). Remember that all clinical information pages must include 2 patient/member identifiers.
2. Request a Pre-Decision Clinical Consultation
This consultation can be requested via the EviCore website (see appendix for instructions), and must occur prior to the due date referenced
3. Fax to 800-540-2406

Prior Authorization Outcomes & Special Considerations

Determination Outcomes

- + Approved Requests: Authorizations are typically valid for 180 days from the date of determination.
- + 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: If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.
- + All post decision options go through the health plan. However, EviCore offers a clinical consultation to better understand the decision.



Notifications

- + Authorization letters will be faxed to the ordering physician.
- + Web-initiated cases will receive e-notifications if a user elected this method.
- + Members will receive a letter by mail.
- + Approval information can be printed on demand from the [Provider's Hub | EviCore by Evernorth.](#)

Special Circumstances

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 hours.



Special Circumstances

Retrospective (Post Service) authorizations and Updates

- + Retrospective (Retro) Authorization Requests must be submitted within 14 calendar days from date of service.
- + Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is 30 calendar days.
- + When authorized, the start date will be the submitted date of service.



If updates are needed on an existing authorization, providers can contact EviCore by phone



If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial

EviCore Provider Portal

Access and Compatibility

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

Access resources on the EviCore Provider Portal

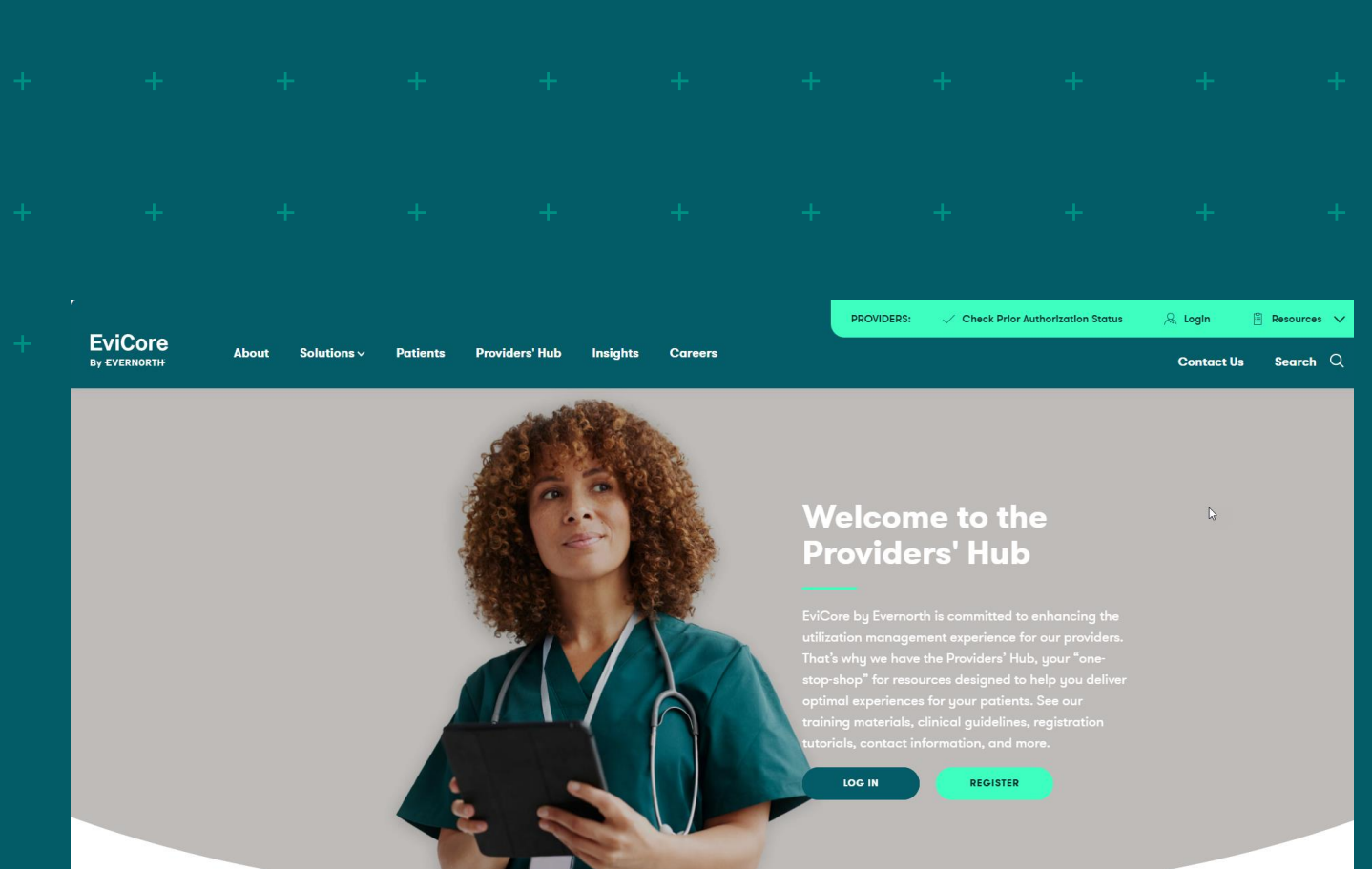
Visit evicore.com/provider

Already a user?

Log in with User ID & Password

Don't have an account?

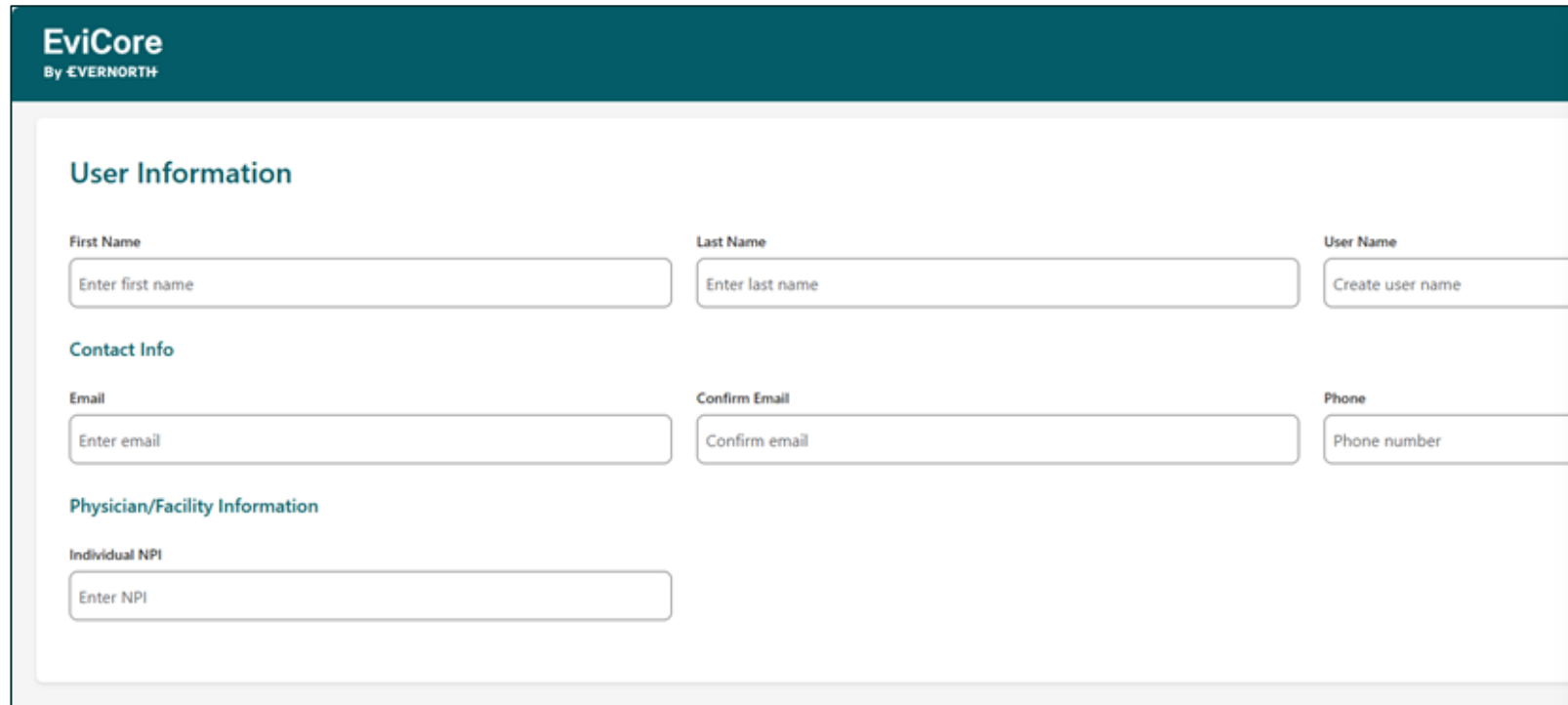
Click **Register Now**



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.

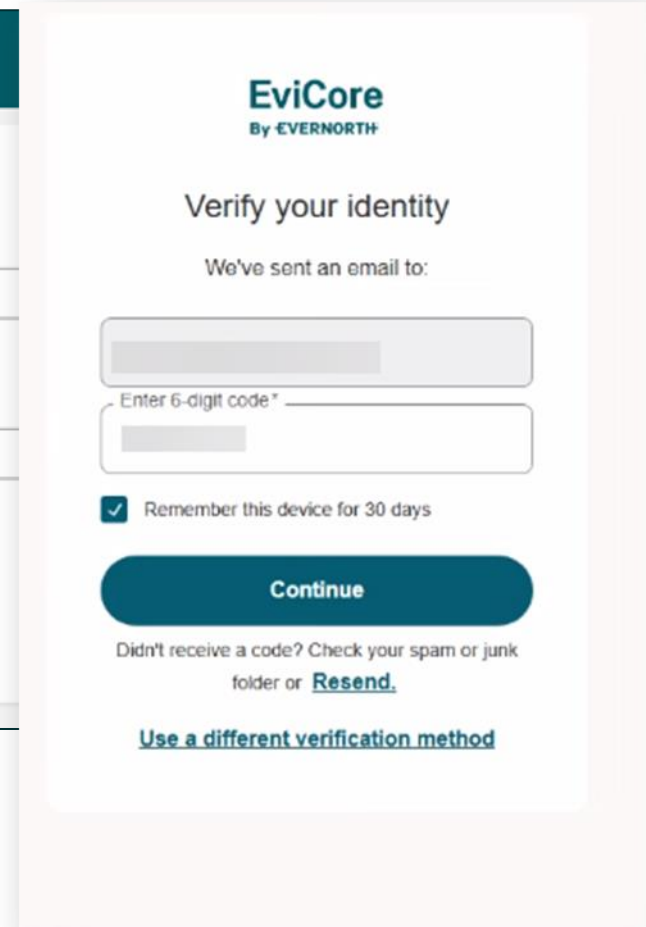
Creating an Account

Complete the Registration online form and follow the instructions for creating your password and setting up your two Factor Authentication.



The registration form is titled "EviCore By EVERNORTH" and is divided into three sections: "User Information", "Contact Info", and "Physician/Facility Information".

- User Information:** Includes fields for "First Name" (placeholder: "Enter first name"), "Last Name" (placeholder: "Enter last name"), and "User Name" (placeholder: "Create user name").
- Contact Info:** Includes fields for "Email" (placeholder: "Enter email"), "Confirm Email" (placeholder: "Confirm email"), and "Phone" (placeholder: "Phone number").
- Physician/Facility Information:** Includes a field for "Individual NPI" (placeholder: "Enter NPI").



The verification screen is titled "EviCore By EVERNORTH" and "Verify your identity". It displays the message "We've sent an email to:" followed by a blurred email address field. Below this is a field for "Enter 6-digit code*" with a blurred input area. A checkbox labeled "Remember this device for 30 days" is checked. A large teal "Continue" button is present. Below the button, it says "Didn't receive a code? Check your spam or junk folder or [Resend.](#)" and a link for "[Use a different verification method](#)".

Provider Unified Experience Dashboard (UPX)

When logging in, users land on the UPX dashboard designed as a user ‘worklist.’ Please visit our Provider’s Hub at [Provider's Hub | EviCore by Evernorth](#) to learn more about the benefits of UPX.

The screenshot displays the EviCore Provider Unified Experience Dashboard (UPX) interface. The top navigation bar includes the EviCore logo, a search bar, and several menu items: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', 'User Access', and 'Hello, [User Name]'. The 'Request An Authorization' menu is open, showing options for 'CareCore' and 'MedSolutions'. The 'Portals' menu is also open, listing 'CareCore' and 'MedSolutions' with their respective sub-menus. The main content area is titled 'My Worklist' and features a filter bar with options: 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. Below the filter bar is a search input field with the placeholder text 'Start typing to search...'. A table with columns for 'Request ID', 'Authorization ID', 'Patient', 'Status', 'Submitted', 'End Date', and 'Procedure' is visible at the bottom of the dashboard.

Initiating A Case On The Web Portal

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal
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Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- EviCore Medical Oncology Pathways
- Gastroenterology
- Gene Therapy
- Home Health
- Lab Management Program
- Medical Specialty Drugs
- Musculoskeletal Management
- Other Services [?]
- 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"

Select Musculoskeletal Management Program and Continue to Build a New Case

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Select the provider making the request :

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	13 [REDACTED] RT
SELECT	17 [REDACTED] W
SELECT	17 [REDACTED]
SELECT	16 [REDACTED] EL

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with ca

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

Referring providers can be added to the user account so that they appear in the provider list to readily select. Alternatively, the user can search by the referring provider's NPI.

Attention!

Do you want to add this NPI ([REDACTED]) to your account for future requests ?

YES

NO

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Clinical Certification Request | Select Health Plan

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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Choose Your Insurer

Requesting Provider: BI

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**.

Entering The Proper Contact Information for The Person Managing the Authorization Request.

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:*

Receive email notification of case status changes

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.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

The referring provider information will pre-populate on this screen. The user will enter their name in the “who to contact” field, and verify the phone, fax, and email are correct for the point of contact.

Receiving email notification is the default for the referring providers. Rendering providers will receive a fax notification.

Selecting The Member and The Procedure & Diagnosis

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.

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	<input type="text"/>	01	<input type="text"/>	1 <input type="text"/> 0	M	2 <input type="text"/> T DR K <input type="text"/>

BACK

The user will be prompted to enter the date of service.

Then they will enter the member's health plan ID number, date of birth and last name to find and select the patient.

Attention!

Time: 3/22/2026 2:53 PM

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

mm/dd/yyyy

Date must be in MM/DD/20YY
or M/D/20YY format

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

Submit

Entering The Procedure Request and The Diagnosis

Requested Service + Diagnosis

This procedure will be performed on 3/23/2026. [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

Primary Diagnosis Code: **M02.161**
Description: **Postdysenteric arthropathy, right knee**
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Musculoskeletal Management

[LOOKUP](#)

[BACK](#) [CONTINUE](#)

[Click here for help](#)

Attention!

Is this a work-related injury or illness?

[YES](#) [NO](#)

Selecting the procedure may require entering the proper header code such as “JOINT” or “SPINE.”

Users will enter the primary diagnosis code and a secondary diagnosis code if appropriate.

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	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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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

[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?

The Rendering Provider Search and 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
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Add Site of Service

Specific Site Search

Labs should be selected based only on the Site/Facility name and TIN. If you are looking for a specific site address not shown below and other INN site records are available, please choose any selectable INN record for that Site/Facility and matching TIN.

NPI: Zip Code: Site Name:
TIN: City:
 Starts with
 Exact match

LOOKUP SITE

Lab Email (optional)

	Name	Address
SELECT	NA [REDACTED]	[REDACTED] 3
SELECT	NAT [REDACTED]	2 S [REDACTED] S [REDACTED]

BACK

Select the rendering site that will be performing the procedure.



Clinical Certification Request | Attestation

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal
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Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

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Clinical Certification Request | Urgency Indicator

Select yes or no to the urgency indicator question.

- + If your request is a standard request- select YES.
- + If your request is URGENT- select NO.

If the case is marked urgent, you will be given this pop up. Please answer the question as indicated for your patient.

- + If none of the above is selected, your case will be processed as a standard case.

Once a case is marked urgent, you will then be prompted to upload clinical information. This step is REQUIRED, in order to process the case appropriately.

After the upload is complete, you will continue into the pathway questions, just like standard requests.

Proceed to Clinical Information

Is this case Routine/Standard?

YES **NO**

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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen


No file chosen


UPLOAD


Clinical Collection | From the Clinical Worksheets

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Add Provider	MedSolutions Portal	Unified Dashboard	Help / Contact Us
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You requested a treatment start date of 05/08/2025

i Date of initial evaluation
 

i Date of onset of CONDITION:
 

i Enter date of current findings:
 

- The clinical information will be considered out-of-date if the “date of current findings” is greater than **10 days** prior to the “treatment start date” for this request.
- Cases with out-of-date clinical information may be placed on hold, awaiting current clinical information. This may delay an authorization decision.

Spine Surgery Pathway

Clinical Collection Process | Pathway Questions

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
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Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

How many units? (Units for an assistant or co-surgeon should NOT be included here. Indicate the assistant / co-surgeon by requesting the appropriate modifier)

Which region of the spine will this procedure be performed?

- Thoracic
- Cervical
- Lumbar
- Sacral
- This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

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Joint Surgery Pathway

Clinical Collection Process | Pathway Questions

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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------	---------------------	-------------------

Proceed to Clinical Information

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?
 Left Right

SUBMIT

Finish Later

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

[Click here for help](#)

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

Proceed to Clinical Information

Do you want to enter a second code for this Knee surgery?
 Yes No

SUBMIT

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.

Interventional Pain Pathway

Clinical Collection Process | Pathway Questions

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
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Proceed to Clinical Information

Please indicate the reason for this procedure:

- To treat post-herpetic neuralgia
- To treat low back pain (radiculopathy/radicular pain/non-radiating pain)
- To inject Spinraza® (nusinersen)
- A trial for an implanted pump
- For obstetrical or surgical anesthesia
- To manage perioperative pain

You can save a certification request to finish later.

Proceed to Clinical Information

Lumbar Epidural Injection

Please indicate the type of injectate(s) that will be used (choose all that apply):

- Anesthetic
- Corticosteroid
- Biologics (e.g., platelet rich plasma, stem cells, amniotic fluid)
- Spinraza® (nusinersen)
- Other injectate(s)
- Unknown

How many levels will this procedure be performed at?

SUBMIT

Clinical Collection Process | Pathway Questions

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
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Proceed to Clinical Information

How many epidural steroid injection sessions of ALL types have been performed in this region for this episode of pain in the last 6 months? (Please include transforaminal AND interlaminar injections)

How many epidural steroid injection sessions of ALL types have been performed in this region in the last 12 months? (Please include transforaminal AND interlaminar injections)

SUBMIT

Clinical Collection Process | Pathway Questions

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
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Proceed to Clinical Information

Does physical exam/patient history indicate any of the following: (Choose all that apply)

- Pain and/or abnormal sensation (numbness, tingling, burning, etc.) that radiates into the arm or leg
- Symptomatic spinal stenosis
- Positive straight leg raise/crossed leg raise test (for lumbar procedures) or Spurling's maneuver (for cervical procedures)
- Loss of strength
- Change in sensation to light touch, pressure, pin prick or temperature
- Decreased, absent or asymmetric reflex(es)
- Positive electrodiagnostic study (EMG/NCV) for nerve root compression
- None of the above or unknown

Please indicate the documented number of weeks of conservative care prior to this request: (e.g. number of weeks of exercise, physical therapy, chiropractic care, NSAIDS, or analgesics)

Will your patient be participating in an active rehabilitation or therapeutic exercise program following this injection?

- Yes No Unknown

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Clinical Collection | Required Medical Information Checklist



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):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Required Medical Information Check List

Musculoskeletal Program for Interventional Pain Management

- CPT codes and diagnosis codes/ICD10surgery.
- 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 injectate(s)
- Specify imaging guidance type
- Type or method of radiofrequency ablation
- Dates/duration/response to conservative treatment such as medication and various therapies (please specify)

- Below the Clinical Upload description, select **Required Medical Information Checklist**.
- Once you open the document, you will search for the **Spine** or **Joint Surgery**, or the **Interventional Pain Management** 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](#)

Criteria Met

You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits

Provider Name:		Contact:	Amy
Provider Address:		Phone Number:	(999) 999-9999
		Fax Number:	(999) 999-9999
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	M54.51	Description:	Vertebrogenic low back pain
Secondary Diagnosis Code:		Description:	
CPT Code:		Description:	
Authorization Number:			
Review Date:			
Approved Treatment Start Date:			
Expiration Date:			
Status:	You have been approved for 4 visits. Please use these visits before requesting more visits. Your therapist may submit another notification if authorization for additional care is necessary. To check for full benefits and eligibility information for the specific medical service, log in to www.premera.com as a provider and utilize the Prior Authorization tool and/or Benefit and Eligibility tool. Your case has been approved for 4 visits		

CANCEL PRINT CONTINUE

- 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.

i Is there any additional information specific to the member's condition you would like to provide?

I would like to upload a document

I would like to enter additional clinical notes in the space provided

I would like to upload a document and enter additional notes

I have no additional information to provide at this time

PRINT **CONTINUE**

Your case has been sent to Medical Review.
The prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:	
Provider Address:		Phone Number:	
		Fax Number:	
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:			
Primary Diagnosis Code:	G46.3	Description:	Brain stem stroke syndrome
Secondary Diagnosis Code:		Description:	
Date of Service:	Not provided	Description:	
CPT Code:	70551	Description:	MRI Brain W/O CONTRAST
Case Number:			
Review Date:			
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review. The prior authorization you submitted, Case A191042756, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL **PRINT** **CONTINUE**

Proceed to Clinical Information – Free Text Questions

Proceed to Clinical Information

Answer the following questions in clinical detail:

1 Why is this test being requested and how will the results be used to change management?

2 Describe any applicable current or past medical history, lab testing, or procedure results.

3 If relevant to the testing, describe the family history, including the applicable clinical findings, diagnoses, and/or test results.



Free text answers allow for further explanation that may be needed.

Authorization Lookup Feature

Authorization Lookup

Authorization Number: A2 [REDACTED]

Case Number: [REDACTED] **P2P AVAILABILITY**

Patient Name: [REDACTED] NIC

DOB: [REDACTED]

Status: Approved

P2P Status:

Referring Provider: [REDACTED]

Referring Provider NPI: 1417337233

Approval Date: 3/3/2026 1:11:27 PM

Procedure Code: 63030

Service Description: Laminotomy (Partial remov

Site Name: [REDACTED] AMBULATORY SURG

Site NPI: 1023271459

Site Address: [REDACTED]

Site City: SPRINGFIELD

Site State: OR

Site Zip: 97477

Start Date: 3/3/2026

Expiration Date: 8/30/2026

Date Last Updated: 3/3/2026 1:13:24 PM

Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved
63030 CHANGE CODE	Laminotomy (hemilaminectomy), a spinal surgery to remove parts of the spine and/or disc material in the low back	1	1

CLOSE **PRINT**

If you have received a request for additional clinical information, please respond to our notice per the instructions received.

If you would like to understand additional options available, please contact our Physician Support Unit at 1-800-792-8744, option 1

Uploads & Faxes

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 documents sent.

Episode ID	Date Sent	Time Sent	Document Name	Recipient	View
[REDACTED]	07/15/2020	17:25:44	OSC0101 - Approval Standard PHYS	Physician	VIEW
[REDACTED]	07/15/2020	17:25:44	OSC0104 - Approval Standard SITE	Site	VIEW
[REDACTED]	07/15/2020	17:25:45	OSC0100 - Approval Standard MBR	Patient	VIEW

CLOSE

Provider Resources

Clinical Guidelines

Go to www.evicore.com and select the 'Resources' drop-down menu on the top right of the page.

+ Select the 'Clinical Guidelines' button to be directed to the main clinical guidelines page.

+ Scroll down and select the 'Musculoskeletal: Advanced Procedures' solution.

+ Type in the appropriate health plan (EOOCO / OHSU Health Services) in the 'Search Health Plan' search bar and press enter.

+ Select the appropriate guideline specific to the requested procedure/treatment.

The screenshot shows the Evicore Clinical Guidelines website. At the top, there are three tabs: 'CURRENT' (green), 'FUTURE' (yellow), and 'ARCHIVED' (red). Below the tabs is the text 'Preface to the Comprehensive Musculoskeletal Guidelines'. The main heading is 'Joint Surgery & Interventional Pain'. Below this heading, there are several guideline entries in a grid format:

- CMM-200: Epidural Steroid Injections (ESI) (with a 'Clinical Guidelines - continued' button)
- CMM-201: Facet Joint Injections/Medial Branch Blocks
- CMM-203: Sacroiliac Joint Procedures
- CMM-207: Epidural Adhesiolysis
- CMM-308: Intradiscal Procedures
- CMM-311: Knee Replacement/Arthroplasty
- CMM-312: Knee Surgery-Arthroscopic and Open Procedures
- CMM-313: Hip Replacement/Arthroplasty

Spine Surgery

CMM-600: Preface to the Spine Surgery Guidelines

CMM-601: Anterior Cervical Discectomy and Fusion

CMM-602: Cervical Total Disc Arthroplasty

CMM-603: Posterior Cervical Decompression (Laminectomy/
Hemilaminectomy/Laminoplasty)

CMM-607: Primal Vertebral Augmentation (Percutaneous Vertebroplasty-
Kyphoplasty) and Sacroplasty

CMM-608: Lumbar Decompression

CMM-609: Lumbar Fusion (Arthrodesis)

CMM-610: Lumbar Total Disc Arthroplasty

Client and Provider Services

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
- + Phone: **(800) 646-0418** (option 4).

Web-Based Services and Portal Support

- + Live chat
- + Access: [ECRM Services](#)
- + Phone: **800-646-0418** (option 2)

Provider Engagement

- + Regional team that works directly with the provider community.
- + **Lisa Mekkelsen, Oregon, Washington**
 - + Email: Lisa.Mekkelsen@evicore.com
 - + Phone: **843-949-0022**.

Call Center

Call **844-545-9213**, representatives are available from 7 a.m. to 7 p.m. local time.

Medical Necessity decisions are made based on the Oregon Health Authority policies and guidelines:
[OHP Policies, Rules and Guidelines](#)

Contact EviCore's Dedicated Teams



Provider Resource Website

EviCore's Provider Engagement team maintains educational resources to assist providers and their staff with the EviCore prior authorization process. Access these helpful resources by clicking here:

[EOCCO Provider Resources | EviCore by Evernorth](#)

[OHSU Health Services Provider Resources | EviCore by Evernorth](#)

These pages will include:

- + Frequently asked questions
- + Quick reference guides
- + Provider training
- + CPT code list

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

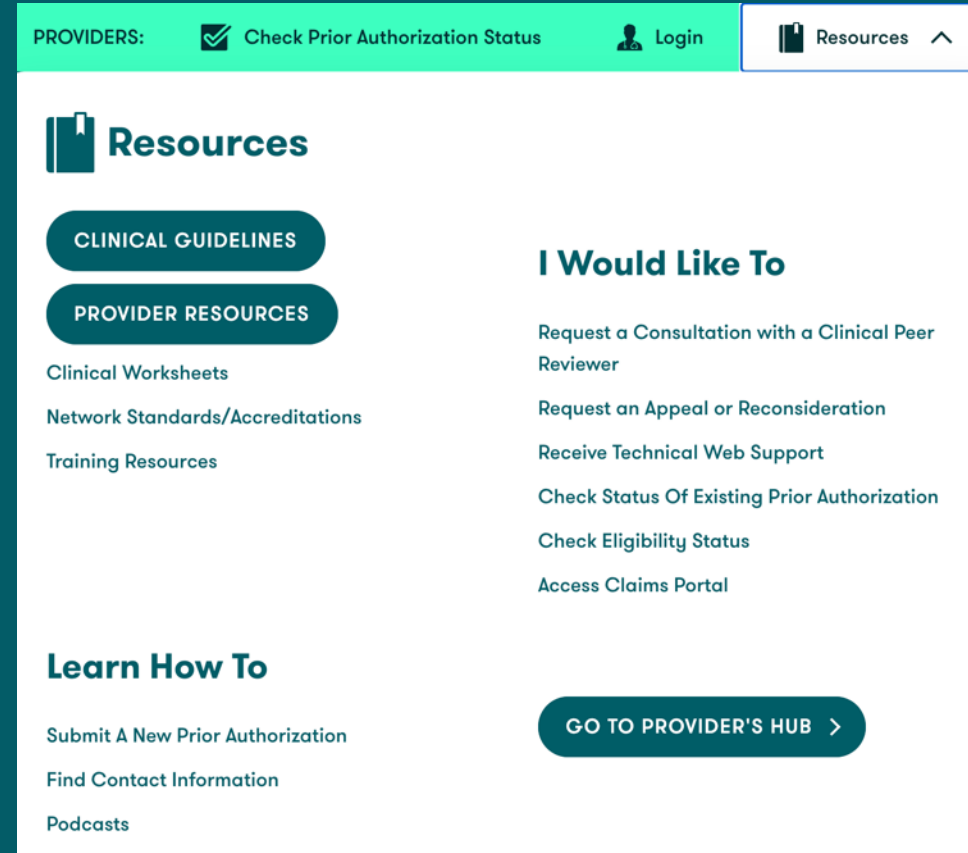
To access these helpful resources, visit EviCore's [Provider's Hub | EviCore by Evernorth](#).



Quick Reference Tool

Where can I locate plan-specific contact information?

1. Open the **Resources** menu in the top right of the browser
2. Select **Find Contact Information**
3. Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
 - + This will also advise which portal to use for case requests



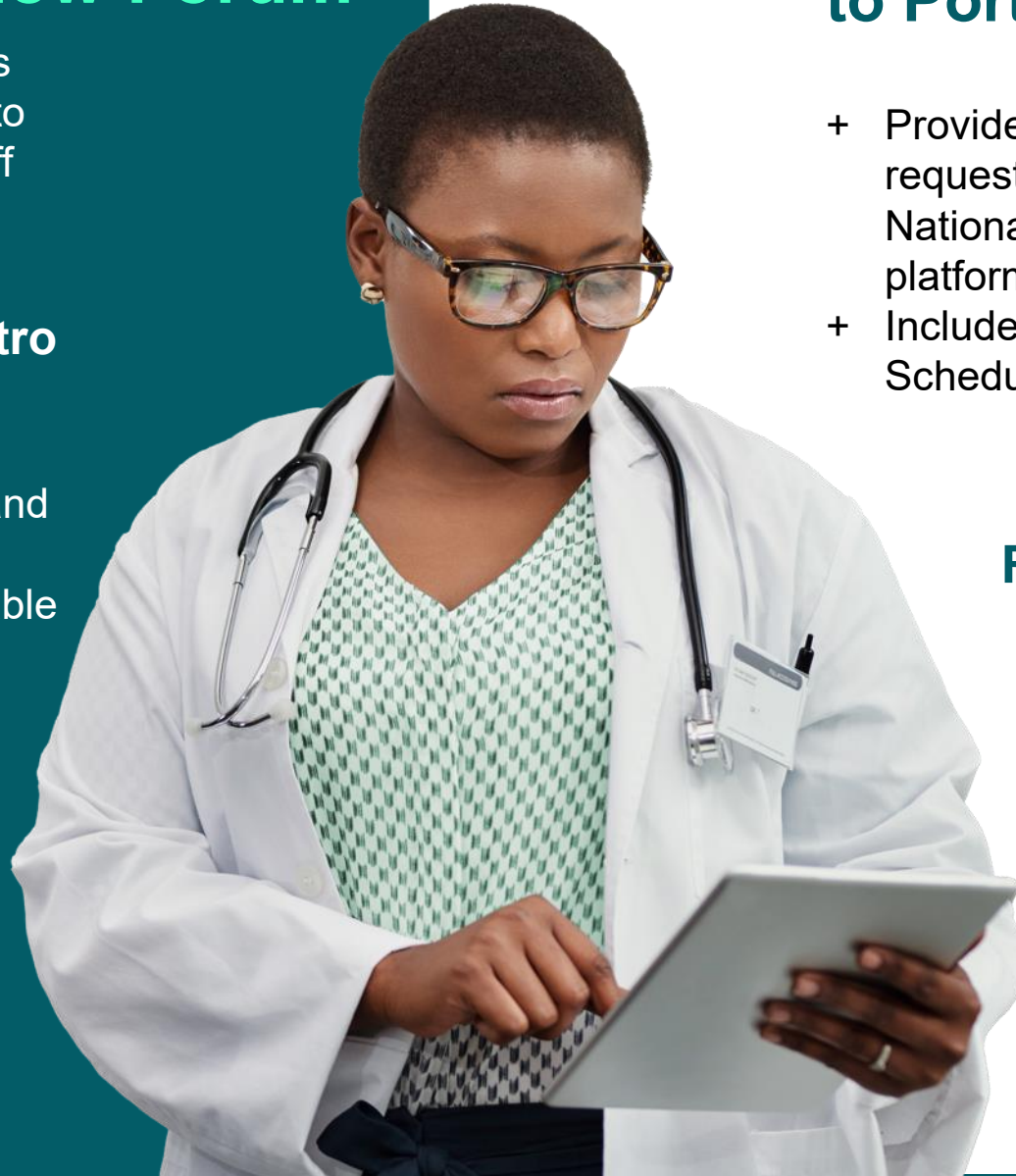
EviCore Online Provider Resources Review Forum

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

We invite you to attend 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.

EviCore
By EVERNORTH



Ongoing sessions for Intro to Portal Training

- + Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- + Includes Portal registration, Case lookup, and Scheduling Peer to Peer Consultations

Register for Provider sessions:

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



EviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

To subscribe:

- + Visit [EviCore.com](https://www.EviCore.com)
- + Scroll down to the section titled Stay Updated With Our Provider Newsletter
- + Enter a valid email address

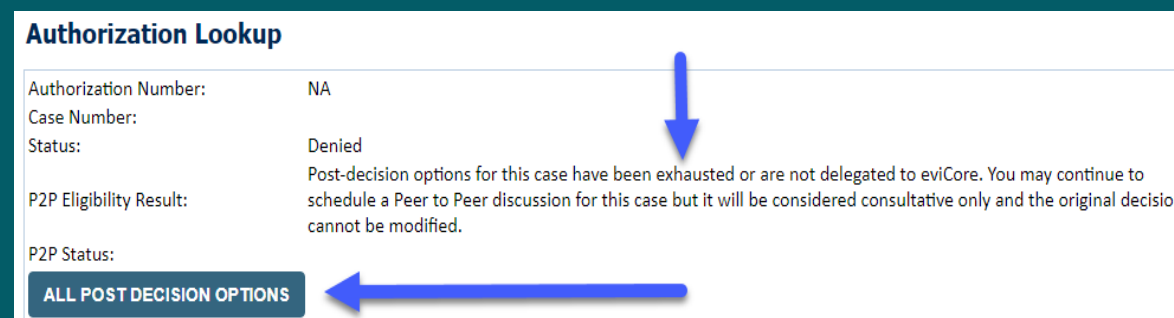
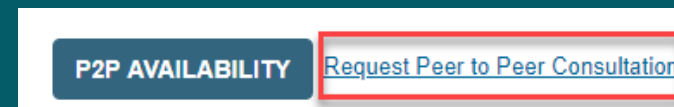
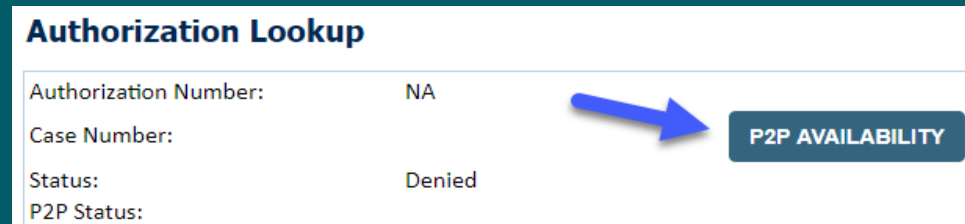
Thank You

Peer-to-Peer (P2P) Scheduling Tool

Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

1. Log-in to your account at EviCore.com
2. Perform **Clinical Review Lookup** to determine the status of your request
3. Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
4. Note carefully any messaging that displays*

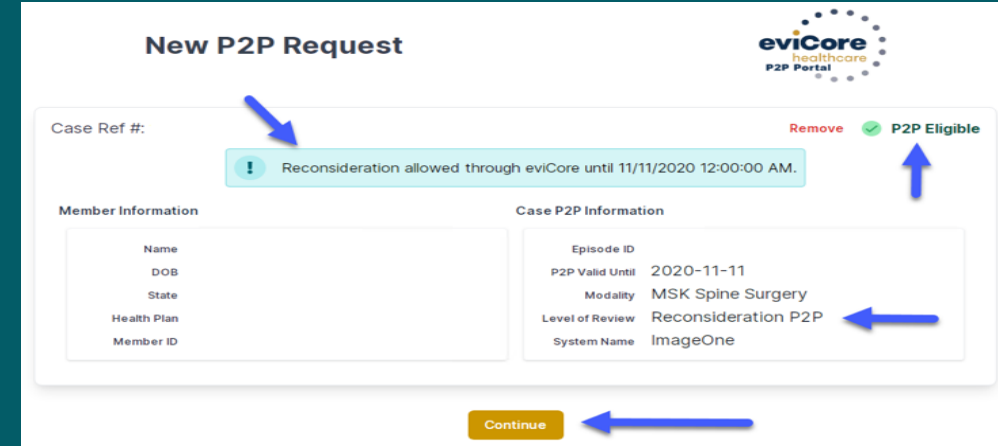
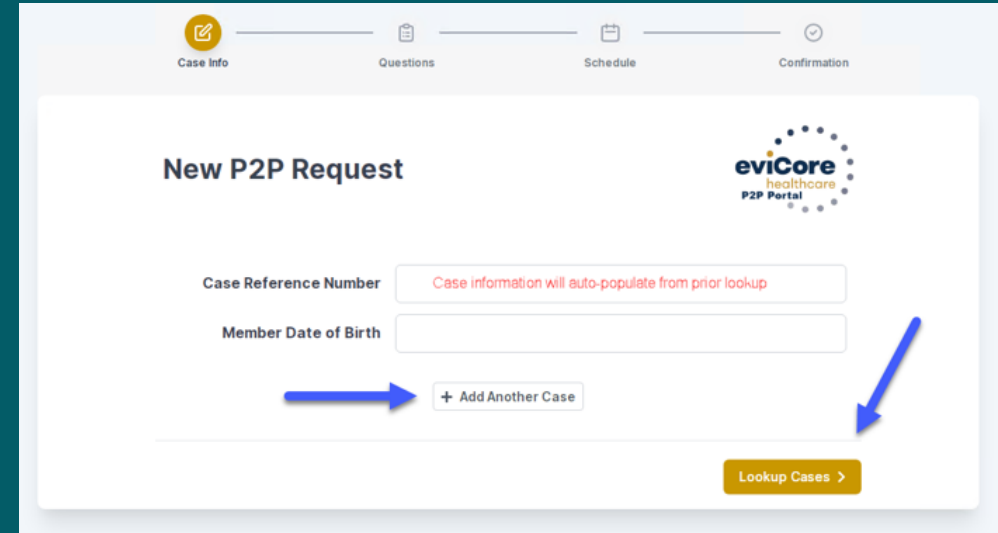


*For Medicaid cases, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. You can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

Schedule a P2P Request (con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed



Schedule a P2P Request (con't.)

1. You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
2. Select any of the listed appointment times to continue
3. You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
4. Click on any **green checkmark** to **deselect** that option and then click **Continue**

Case Info

1st Case

Case #	
Episode ID	
Member Name	
Member DOB	
Member State	
Health Plan	
Member ID	
Case Type	MSK Spine Surgery
Level of Review	Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week
5/18/2020 - 5/24/2020 (Upcoming week)
Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

Schedule a P2P Request (con't.)

1. Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:
 - + Name of Provider Requesting P2P
 - + Phone Number for P2P
 - + Contact Instructions
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

Cancel or Reschedule a P2P Appointment

To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. Click on the **Actions** drop-down and choose the appropriate action
 - + **If choosing to reschedule**, select a new date or time as you did initially
 - + **If choosing to cancel**, input a cancellation reason
5. Close the browser once finished

