MUSCULOSKELETAL THERAPIES

Provider Orientation Session for EOCCO and OHSU Health Services

Spring 2026

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By EVERNORTH

Agenda

1. Musculoskeletal Therapies Program Overview
2. Clinical Approach
3. Submitting Requests
4. Prior Authorization Process
5. Outcomes & Special Considerations
6. EviCore Provider Portal
7. Provider Resources

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Musculoskeletal Therapies Program Overview

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Moda Health Prior Authorization Services

EviCore will begin accepting prior authorization requests for Musculoskeletal Therapies 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
+ Elective/Non-emergent

Prior authorization does NOT apply to services performed in:

+ At home Therapy (managed by the plan)
+ Emergency Rooms and Observation Services
+ Inpatient Stays including Skilled Nursing Facilities

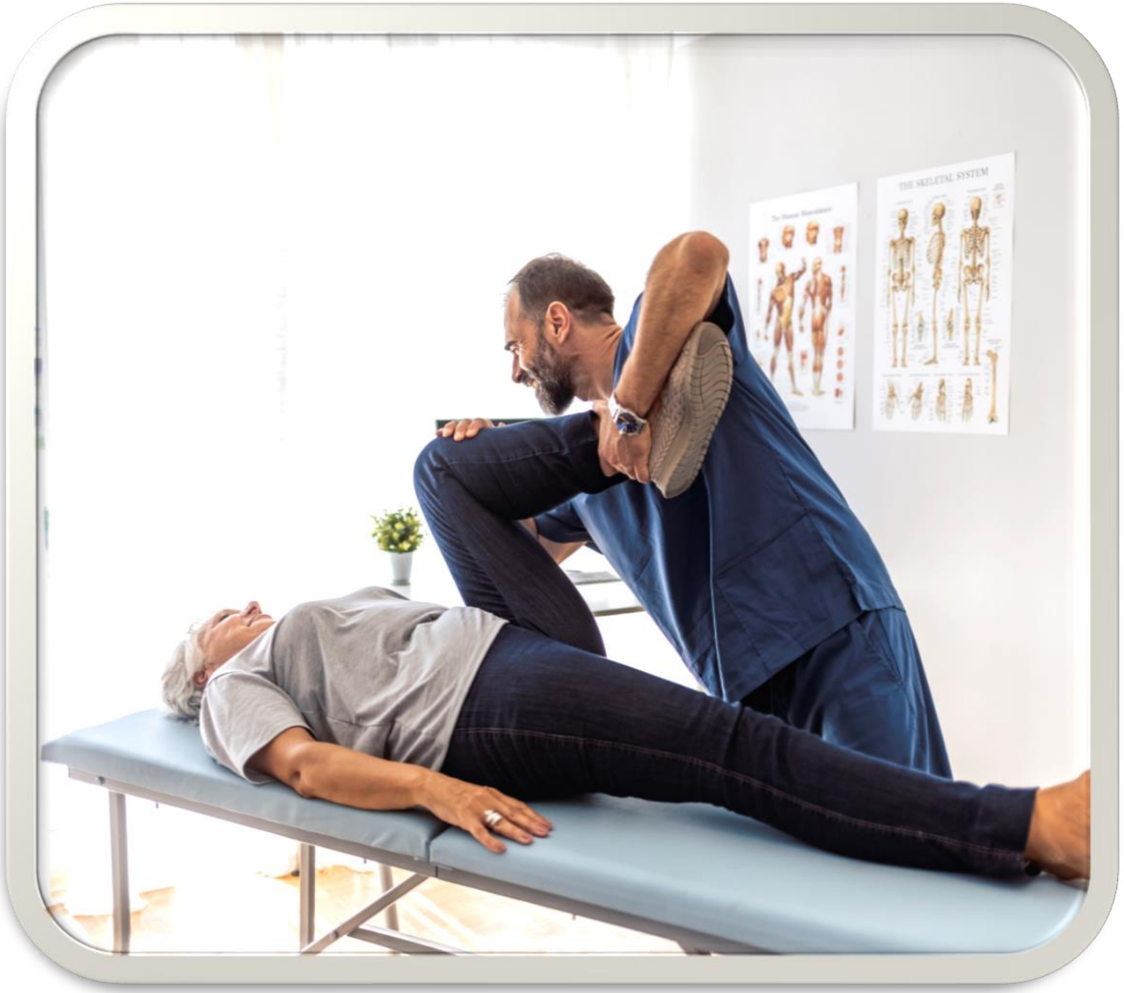
EviCore will review services on a procedure only. Please contact Moda Health regarding authorization of an Inpatient Length of Stay

Providers should verify member eligibility and benefits on the secured provider log-in section on their: Benefit Tracker

Delegated Services

Physical Therapy
Occupational Therapy
Speech Therapy
Chiropractic Care

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



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Clinical Approach

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Prior Authorization Program

Clinical Philosophy

- Support patient-centered care founded on best available evidence.
- Promote functionally oriented and measurable treatment programs.
- Focus on skilled, medically necessary treatment interventions.
- Empower patient independence.
- Eliminate practice variation that cannot be explained or justified.

Goals

- Authorize medically necessary services which require the skills of a licensed professional.
- Promote evidence-based practice.
- Identify and review treatment interventions where evidence does not support use.
- Decrease or eliminate unexplained practice variation and unnecessary visits.
- Manage costs efficiently so members can continue to receive **quality care** and **skilled services**.

Prior Authorization Program

Medical Necessity

- The condition is expected to improve significantly in a reasonable and generally predictable time-period. Therapy duration should **<u>not</u>** be ongoing without end.
- The amount, frequency, and length of the services must be reasonable under accepted standards of practice.
  - For these purposes, “accepted standards of medical practice” means widely accepted clinical concepts and practices based on high-quality scientific evidence published in peer-reviewed literature or evidence-based guidelines.
- The medical benefit is designed to allow therapy to return the patient to essential activities of daily living.
  - It was **<u>not</u>** designed to allow continued therapy to return to recreational or athletic activities.
  - It was **<u>not</u>** designed to cover therapy for the purpose of improving or maintaining general fitness.

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Submitting Requests

Pre-service prior authorization workflow

Patient visits provider

Provider requests prior authorization

Clinical decision support

Therapy/ Specialty review

MD review

Peer-to-peer

Appropriate decision

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.

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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 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.*

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

EviCore will review the additional documentation and reach a determination.

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

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Determination notifications will be sent.

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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

There are three ways to supply the requested information:

1. Upload directly into the case via the provider portal at 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 855-774-1319

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Prior Authorization Process

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Prior Authorization Process | Clinical Information

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

+ Clinical information is required to determine whether the services requested are medically necessary.
+ Use clinical worksheets located at EviCore.com as a guide to determine what clinical information is required.
    + The **clinical worksheets** are specific to conditions and designed to assist with the submission of the patient and provider information for medical necessity review.
    + Worksheets should be used as a guide for questions, and the provider will be prompted to answer when completing the online requests.
    + These worksheets should be completed by the provider during the initial consultation/evaluation and treatment planning, collecting the clinical information to allow for ease of submission.
    + Physical & occupational therapy requests have the ability for a real time decision for the first **two (2)** requests for an episode of care.
+ Be prepared to provide patient-reported functional outcome measures with your submission (for example: ODI, NDI, DASH/QuickDASH, LEFS, HOOS JR, KOOS JR).
+ Clinical information should be current – typically something collected within **10 days** prior of the request.
+ **Missing or incomplete clinical information will delay case processing.**

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Clinical Worksheets | Therapy

Physical Therapy & Occupational Therapy

- CorePath 3 MSK PTOTChiro
- corePath HH-SNF-General Medical
- corePath MSK PTOT Neurodevelopmental
- corePath PTOT Lymphedema
- corePath PTOT Neurologic
- Corepath PTOT Vestibular
- corePath PTOT Wound Care

Speech Therapy

- corePath ST Adult
- corePath ST Pediatric

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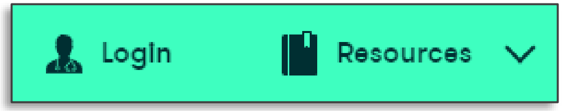
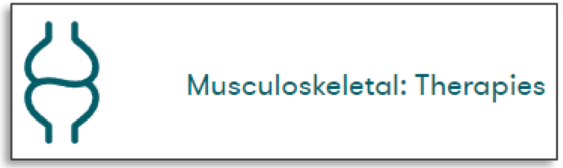
Link to Clinical Worksheets

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

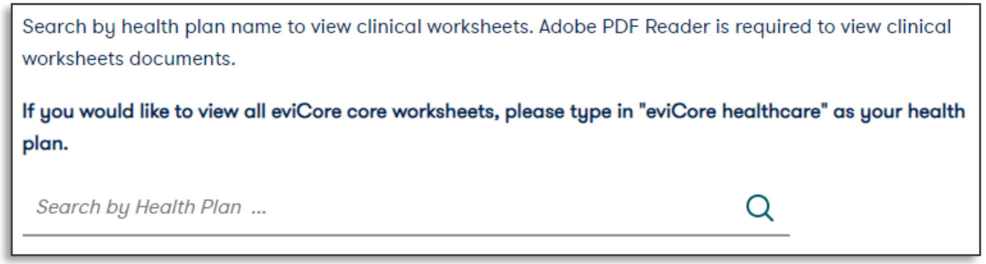


From the Resources dropdown, select **Clinical Worksheets**.

Select Musculoskeletal: **Therapies**.



Enter **Health Plan** name in the search field.



The PT-OT **worksheets** will be listed under The **Physical & Occupational Therapy** header.

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Prior Authorization Process

If you are requesting authorization before treatment begins:

+ Complete your initial evaluation, then submit for prior authorization within **7 days**.* The initial evaluation **does not** require prior authorization.
+ Start date should be the **first day of treatment** (Date of initial evaluation or visit following if treatment was not provided during the initial evaluation visit).
+ When requesting ongoing or continuing care, you can submit up to **7 calendar days** prior to the next start date for authorization.
+ Notification requires submission of minimal clinical information:
    - Type of condition
    - Post-surgical therapy? If so, please provide the date of surgery.
    - Functional outcome measures
+ If there was prior therapy, questions will be asked to determine if this is a new condition.
+ The extension must be requested prior to the expiration of the authorization.

Retrospective Requests:

+ * If you submit for prior authorization within 7 days of the initial date of service, it is considered a concurrent request (**not** considered retrospective).
+ Retrospective (post service) requests are also allowed as long as it is submitted within 14 calendar days of the start date of the services needed. If approved, the start date will be the stated start date needed.

Authorization Decisions Include:

+ Number of visits approved
+ Approved time span is 180 days

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Prior Authorization Process | Important Concepts

Treating Multiple Conditions within the Same Authorization Period

+ If you are treating multiple conditions within the same period, there is no need to request authorization for treatment for each condition.
+ The authorization covers all conditions treated within the same period of time.
+ When treating more than one condition, please advise EviCore to ensure adequate units are approved.
    - When submitting by the web, you will be asked if you are treating a second condition.
        - Answer = Yes; report information specific to the second condition.
    - When requesting authorization over the phone, inform the agent that you are requesting authorization for two conditions.
    - If submitting by fax, complete clinical worksheets for both conditions.
+ If a member is receiving treatment from a different therapist within the same clinic with a new plan of care for a specialty condition (vestibular treatment, wound care, etc.), then a separate authorization may be indicated. Be sure to submit under the appropriate ICD10 code and state this request is for a new condition by a different therapist.

Prior Authorization Process

+ How to Request Additional Visits:

+ Additional visits may be requested as early as **7 calendar days** prior to the requested start date.
+ The **start date** will be the first date you need additional visits to begin.
+ Clinical information should be **current.** Recommended timeframes:
  - Adult and non-developmental pediatric patients = **14 calendar days**
  - Developmental pediatric patients = **30 calendar days**
+ Use the appropriate **Clinical Worksheet** as a guide. Please provide initial and current functional outcome measure scores.
+ If condition is complex or the worksheet does not capture aspects of the condition you want to convey, this information can be given as "additional information" via upload, fax, or text box summary.
+ Address any complexities that will impact the therapy plan of care.
+ Provider's impression of the member's response to care.

Prior Authorization Process

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

- The extension must be requested prior to the expiration of the authorization.
- Extend for the period that is needed up to a maximum of **30 days**.

Prior Authorization Outcomes & Special Considerations

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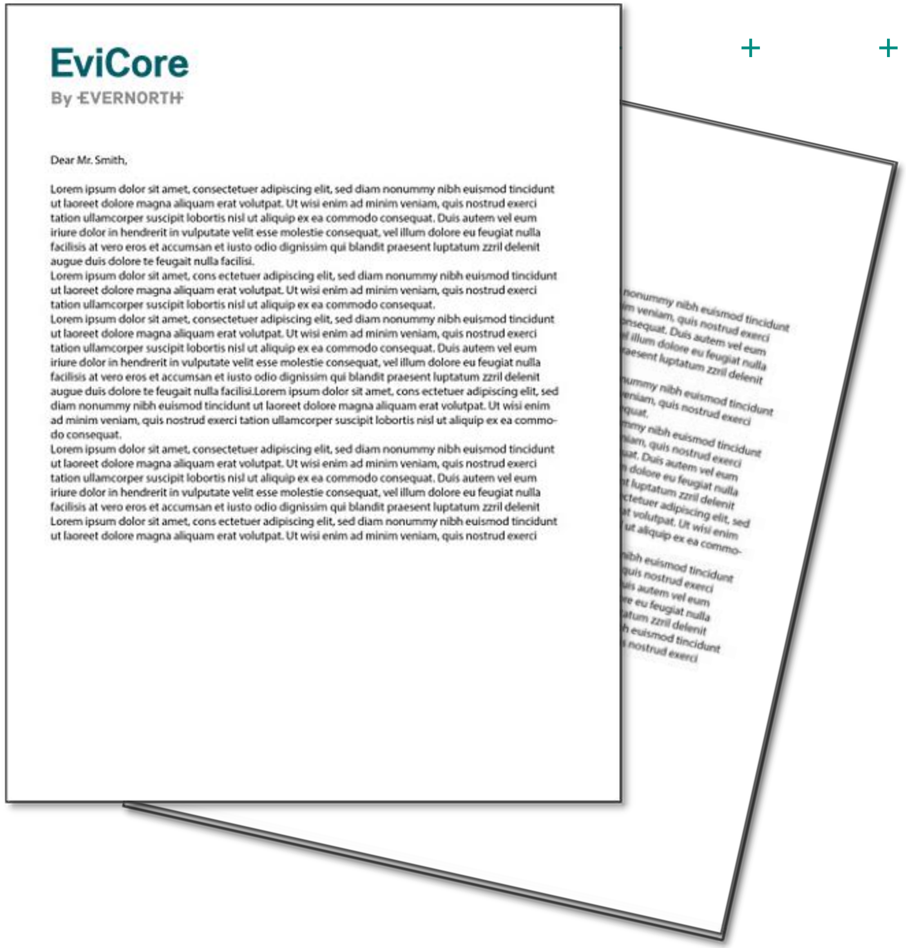
Determination Outcomes

- Approved Requests: Authorizations are typically valid for 180 days from the date of determination.
- Partially Approved Requests: In instances where some visits are approved and some are not, the determination letter will specify what has been approved, as well as post-decision options for denied visits.
- 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](#).



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Special Circumstances

Urgent Prior Authorizations & Updates

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Urgent cases are typically reviewed within 24 hours.
- 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

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EviCore Provider Portal

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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**

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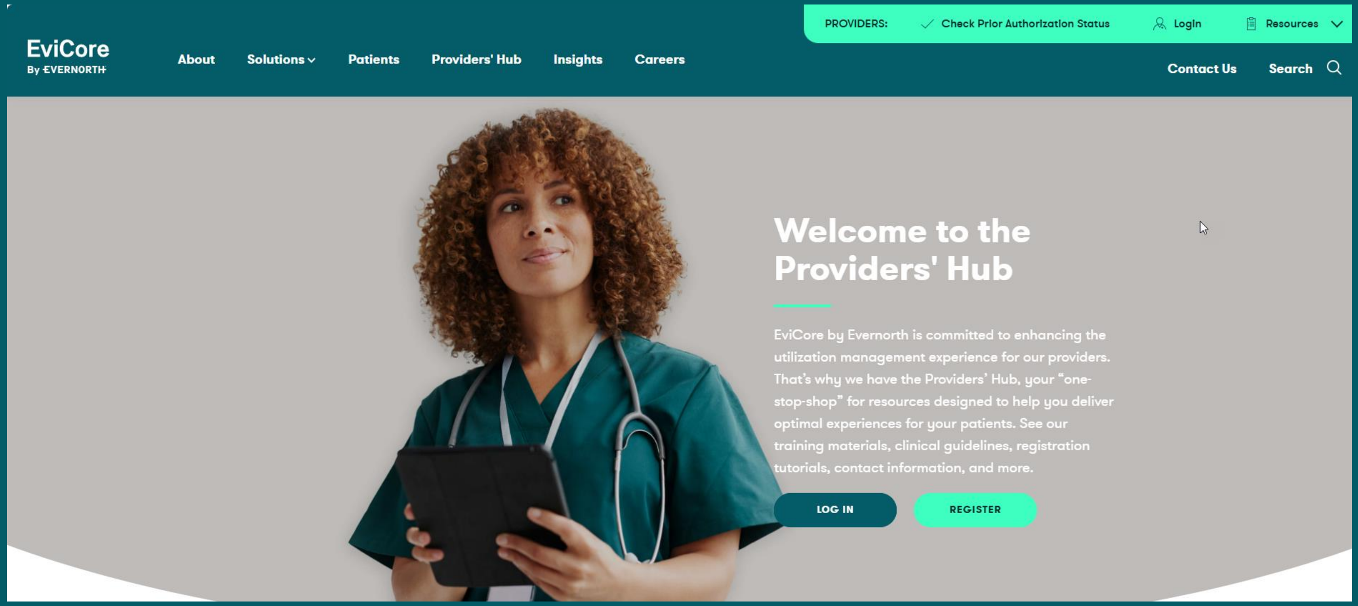
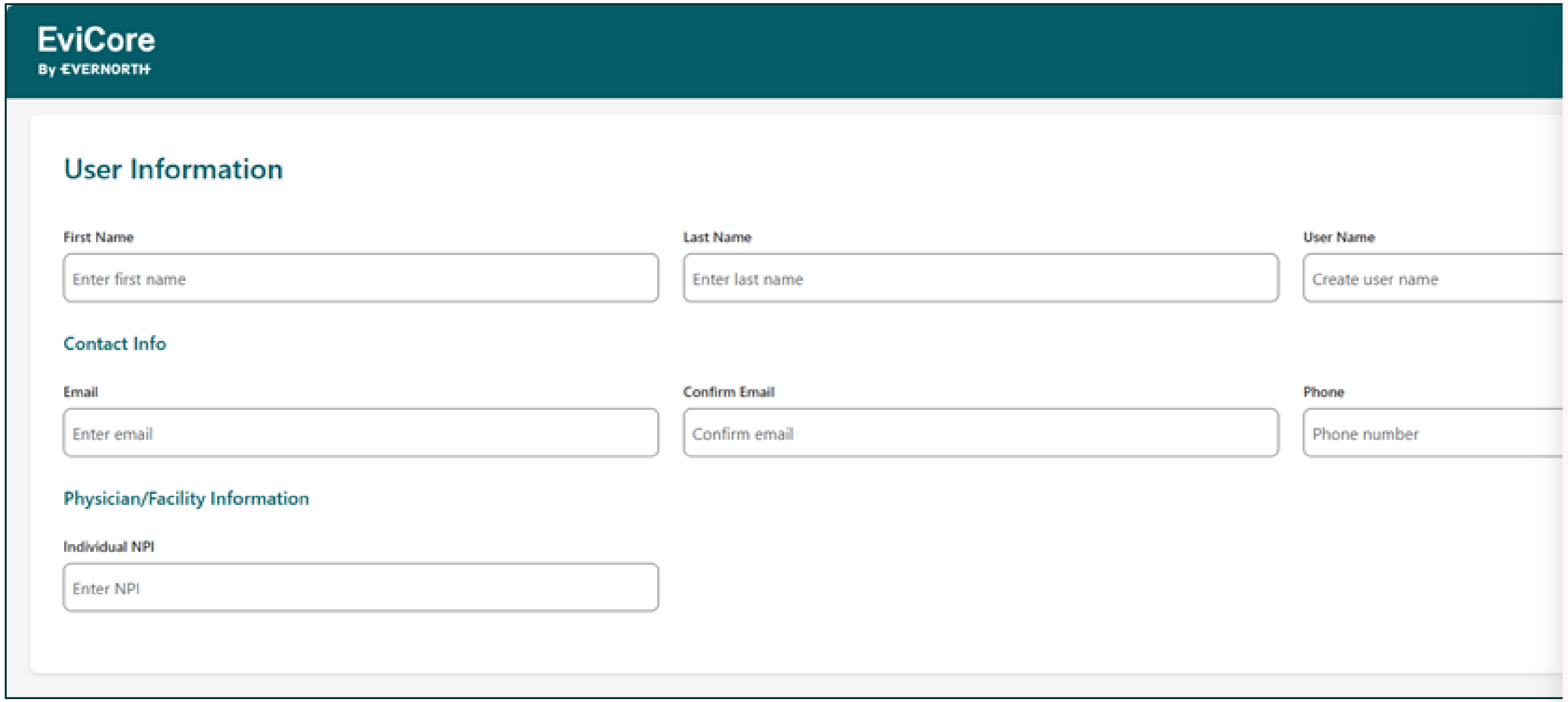
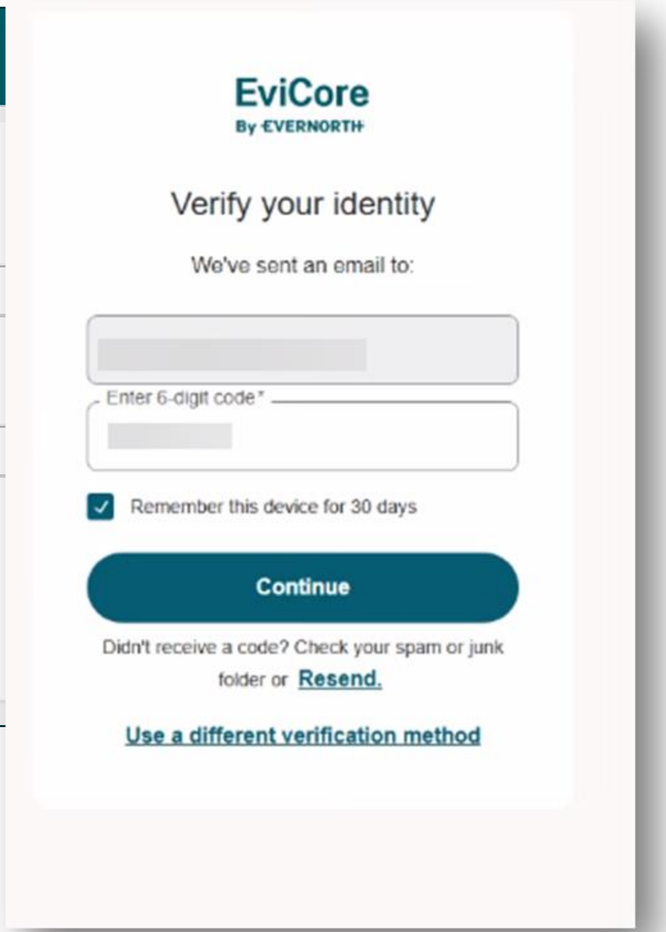


EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.

Creating an Account

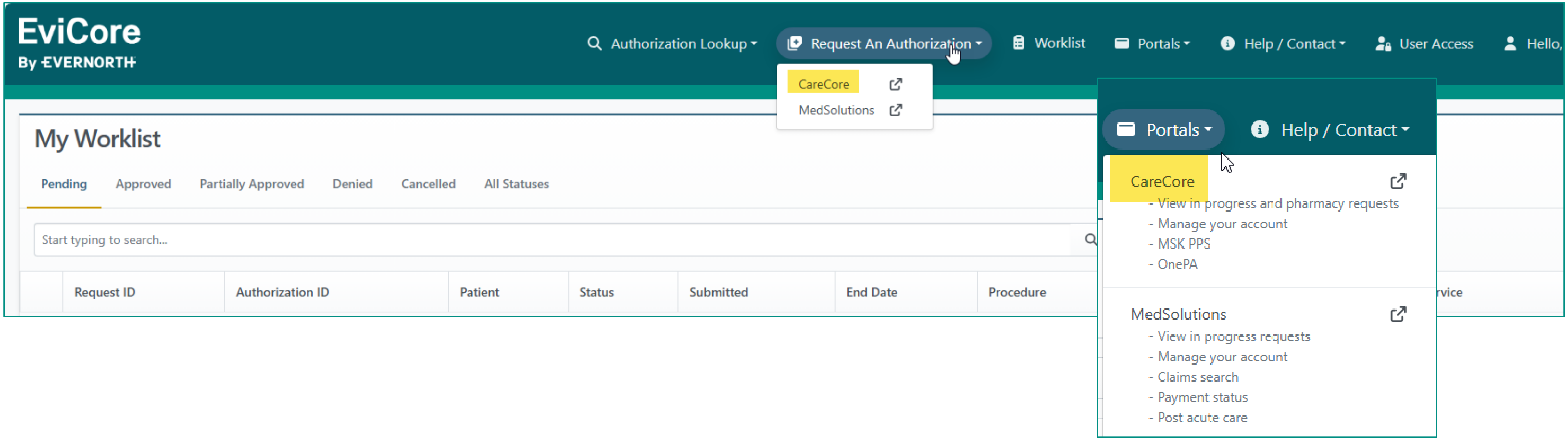
Complete the Registration online form and follow the instructions for creating your password and setting up your two Factor Authentication.





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.



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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

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

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[illegible]RT
SELECT	17[illegible]W
SELECT	17[illegible]
SELECT	16[illegible]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

Attention!

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

YES | NO

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.

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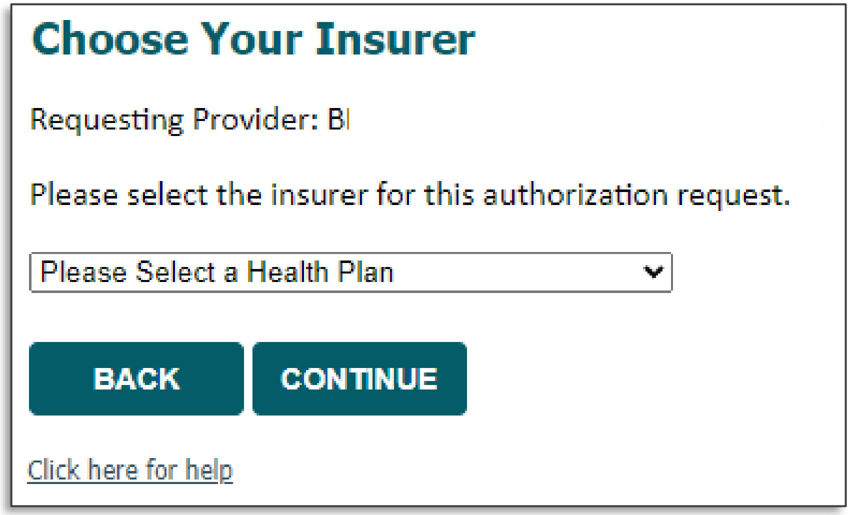
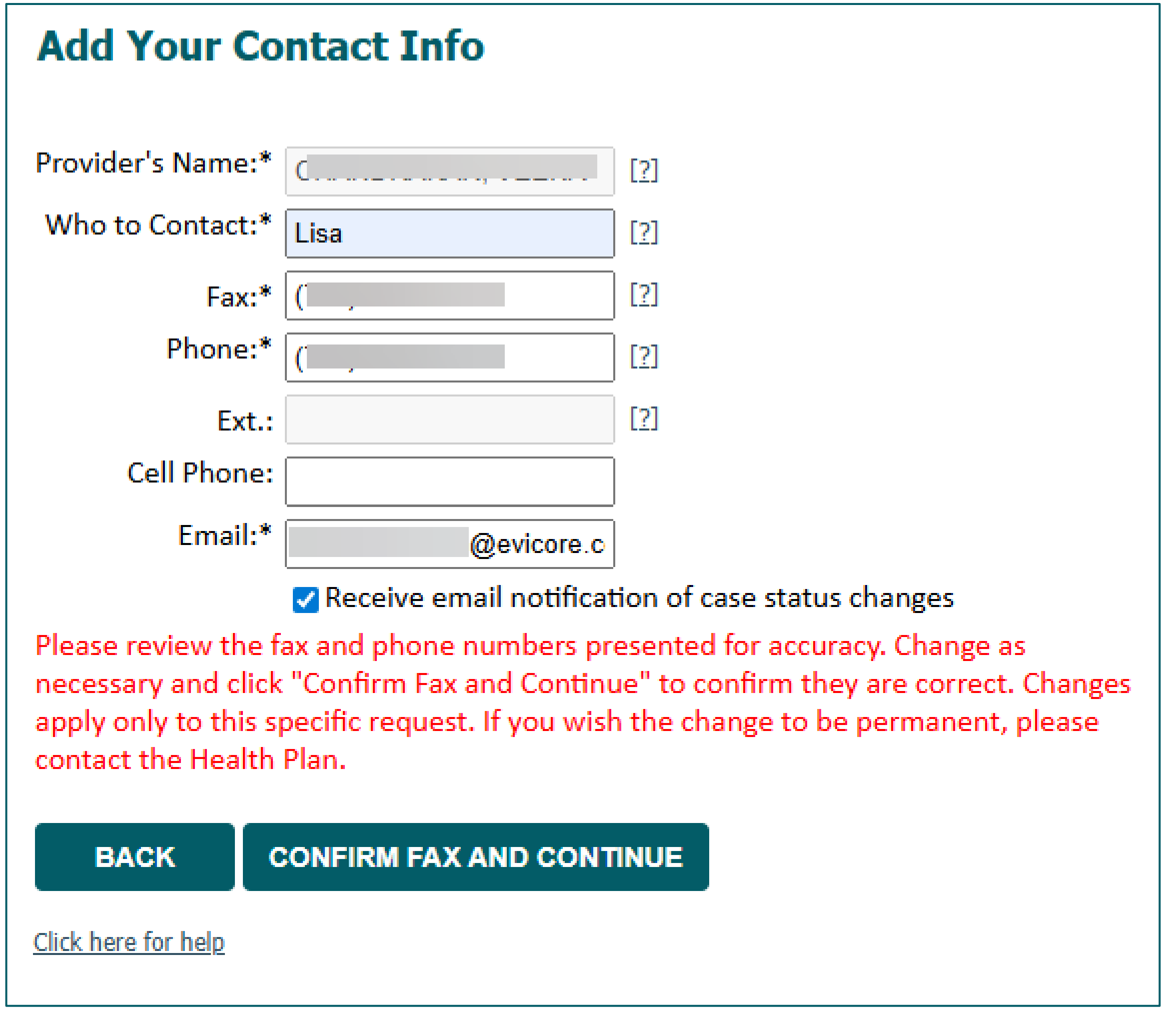
Clinical Certification Request | Select Health Plan



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

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



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
SELECT	U	01		1 0	M	2 T DR K

BACK

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

The user will be prompted to enter the treatment start date.

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

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Clinical Certification Request | Procedure and Diagnosis Codes

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

Requested Service + Diagnosis

This procedure will be performed on CHANGE

Musculoskeletal Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? Click here

Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Trouble selecting diagnosis code? Please follow these steps

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Musculoskeletal Management

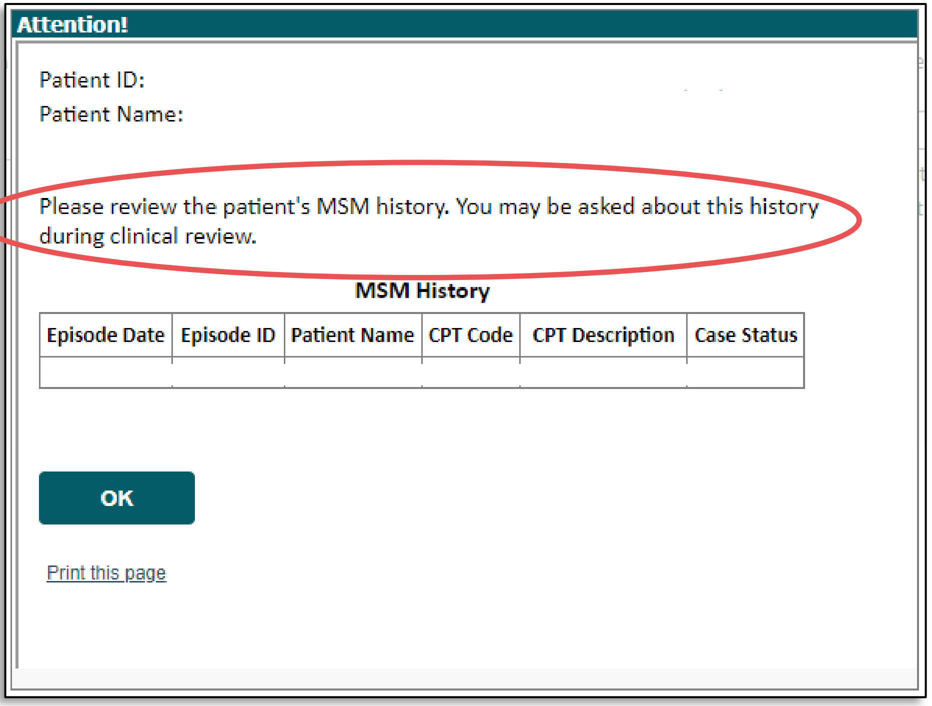
LOOKUP

BACK

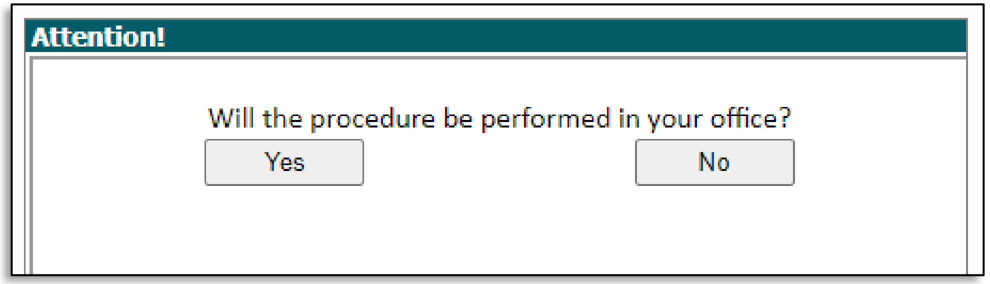
Click here for help

- Enter **MSMPT** for Physical Therapy.
- Enter **MSMOT** for Occupational Therapy.
- Enter **MSMST** for Speech Therapy.
- Enter **CHIRO** for Chiropractic.
- Add diagnosis code(s).

Clinical Certification Request | Verify Service Selection



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



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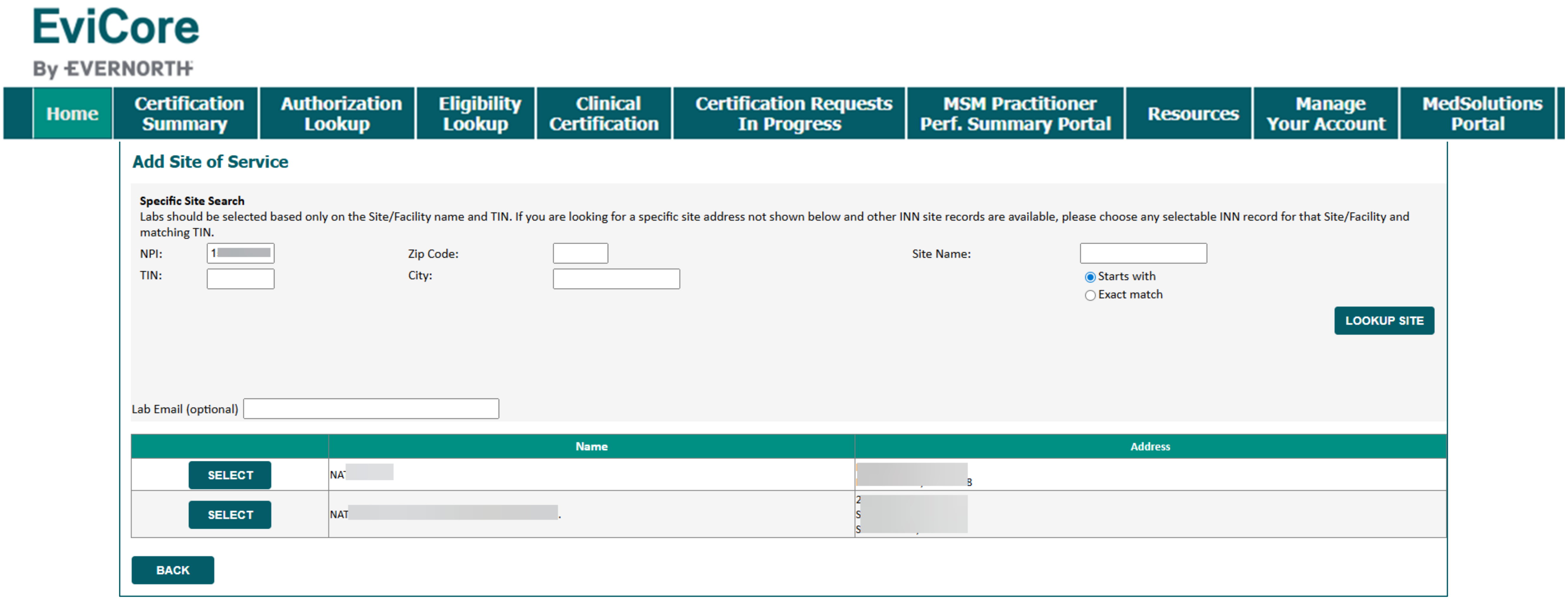
The Rendering Provider Search and Selection



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

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 <u>not</u> have the opportunity to make changes after this point**

Clinical Certification Request | Urgency Indicator

Select yes or no to the urgency indicator question.

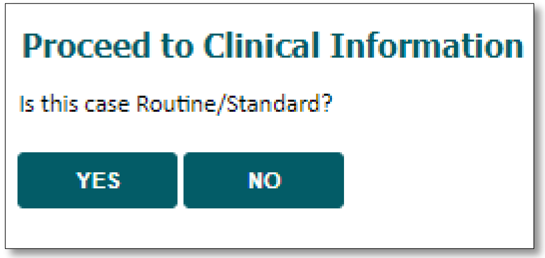
- If your request is a standard request- select YES.
- If your request is URGENT- select NO.

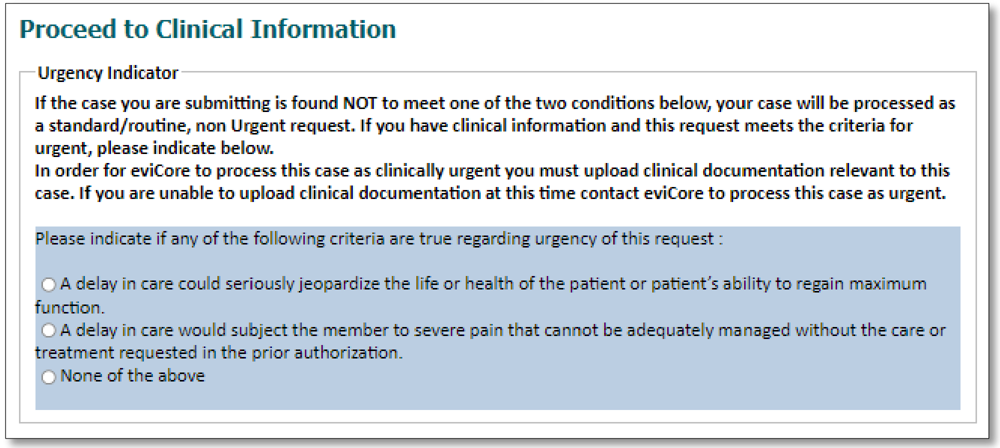
If the case is marked urgent, you will be given this pop up. Please answer the question as indicated for your patient.

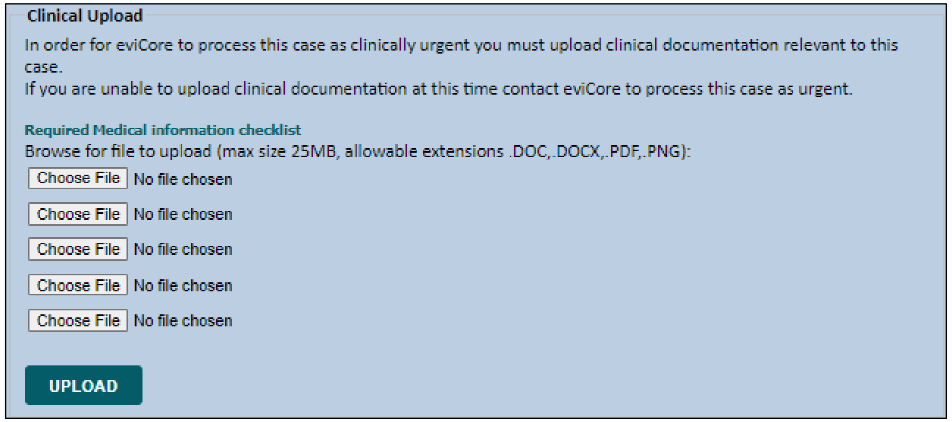
- If none of the above is selected, your case will be processed as a standard case.

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.







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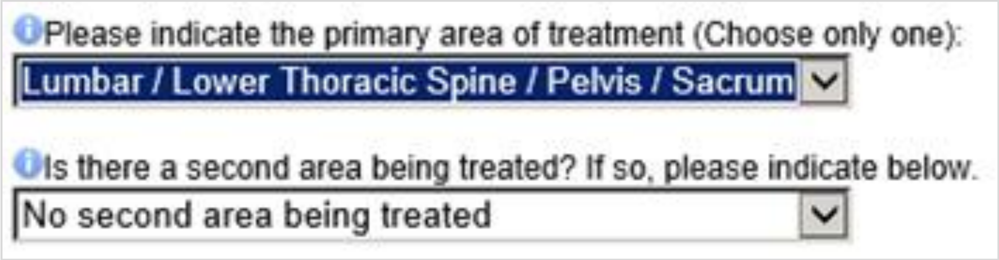
Sample Therapy corePath^{SM} Pathway

Initial Requests

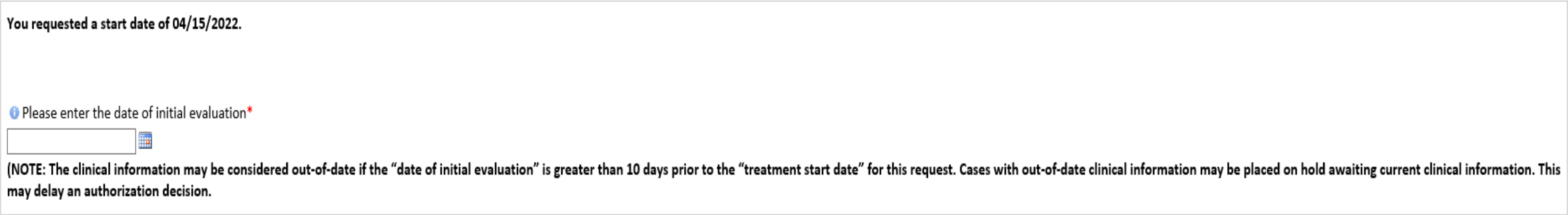

Please indicate the primary area of treatment (Choose only one):

Lumbar / Lower Thoracic Spine / Pelvis / Sacrum

Is there a second area being treated? If so, please indicate below.

No second area being treated

+ **Case related questions:**
  - Identify primary area of treatment
  - First indicator of complexity – second unrelated treatment area


You requested a start date of 04/15/2022.

Please enter the date of initial evaluation*

(NOTE: The clinical information may be considered out-of-date if the "date of initial evaluation" 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.

Many screens have imbedded messages that help you understand the criteria

Sample Therapy corePath℠ Pathway

Initial Requests, continued….

If the ODI or RMDQ or FOTO Low Back test was performed, please enter the score; if the test was NOT performed, please leave the Default value in place

Please indicate the functional assessment used:

- ○ FOTO Low Back (Focus On Therapeutic Outcomes)
- ○ ODI (Oswestry Disability Index)
- ○ Other functional assessment / No functional assessment
- ○ RMDQ (Roland Morris Disability Questionnaire)

Please enter the (for ODI in %; for RMDQ 0-24; for FOTO 0-100. Leave the listed score value in place if the score is not available)

101

Enter the number of LBP episode(s) in the past 3 years:

- ◉ 0 or N/A
- ○ 1
- ○ 2
- ○ 3
- ○ 4 or more

Does your patient demonstrate either of the following: (Choose all that apply)

☐ Weakness, sensory changes, or radiating pain below the knee ☐ Tinetti Gait / Balance score less than 24 OR Berg Balance test <40 OR TUG test >13.5 seconds

+ Initial clinical questions:

- Enter functional score, if available
  - Oswestry Index
  - Neck Disability Index
  - LEFS
  - Dash / QuickDASH
- Incorporates ROM, Strength, Pain, etc.
- Complexity:
  - Neural signs
  - Chronicity

High Potential for Immediate Approval When Pathway is Completed!

Sample Therapy corePath℠ Pathway

Follow-up request

+ **Follow-up clinical questions:**

- Current and previous functional score
- Complexity question – neural signs
- Progress
  - Validated scores have MCD (minimal clinical difference) as progress indicator
  - Clinical assessment

1

Please enter the Oswestry Disability Index score (in %)

41

Please enter the previous ODI score

46

2

Does your patient have radiating pain below the knee?

○ Yes ◉ No

3

Has your patient progressed as expected?

◉ Yes ○ No

Submit

High potential for immediate approval when pathway is completed.

Sample Therapy corePath^{SM} Pathway

Follow-up request – Lack of progress identified

You indicated that your patient is NOT progressing as expected. Please indicate if any of the following occurred:

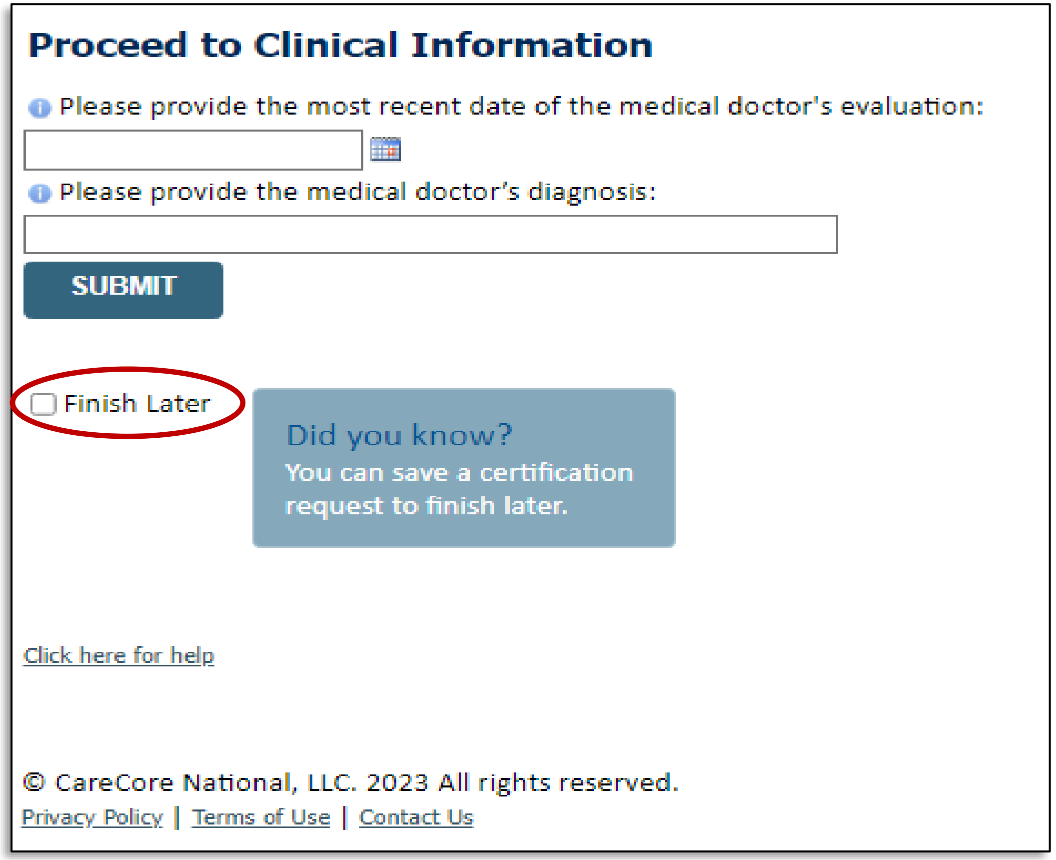
- [x] Patient "overdid" activities or exercise resulting in temporary increase in symptoms
- [ ] New injury resulting in significant change
- [ ] Symptoms progressed despite treatment
- [ ] Patient did not participate in clinical visits or home program

Please indicate the nature of the new injury OR overuse incident.

N/A

+ **Lack of progress:**
- Categories of explanations
- Used in algorithm to determine care
- Future, additional pathway to identify details

Finish Later



- If you need to confirm information you've entered, or need to add additional information, check **Finish Later**, then submit.
- You will then have **until the end of the day** to complete the request.
- If needed, any changes or updates can be made by phone.

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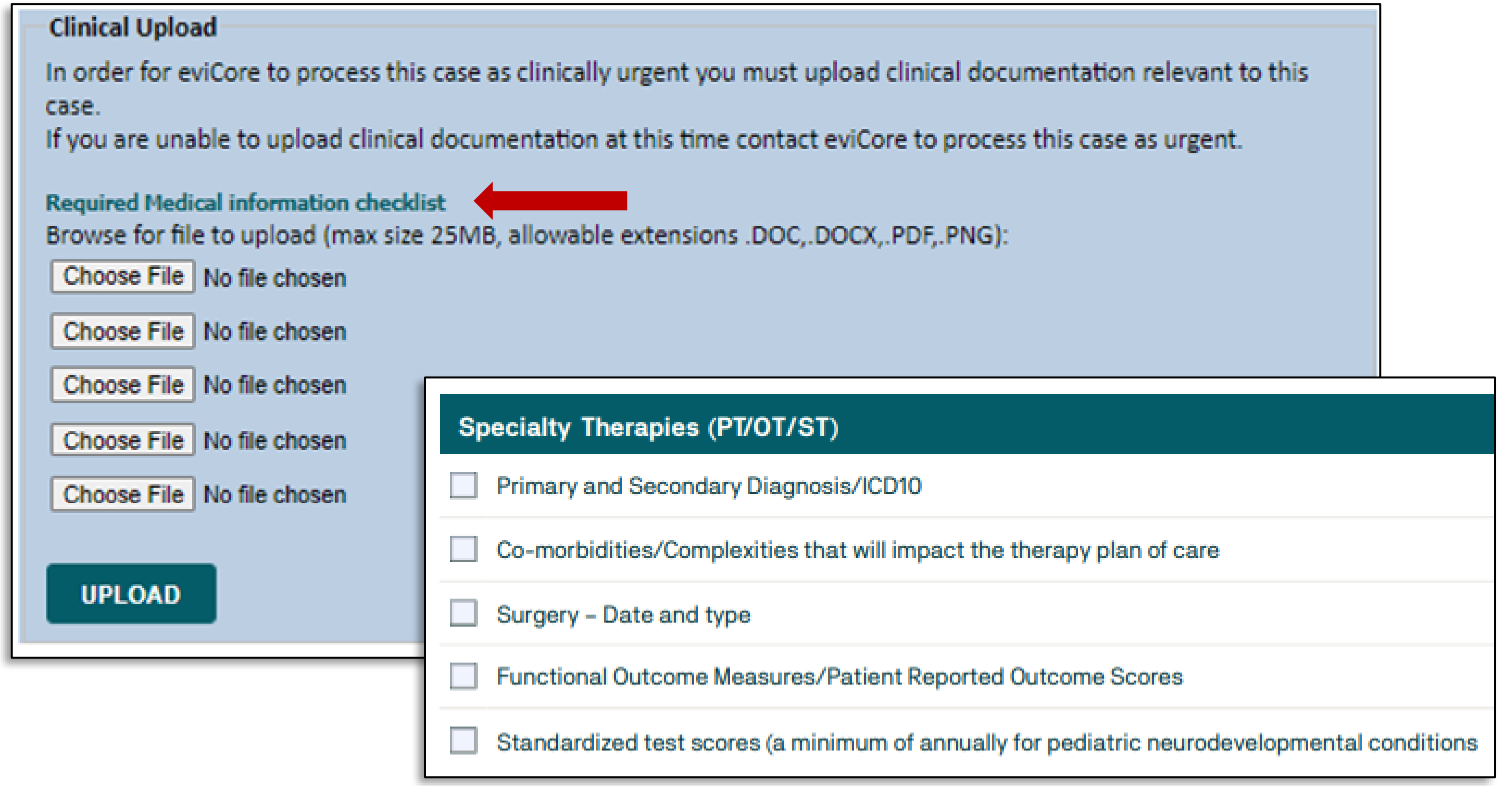
Clinical Certification Request | Required Medical Information Checklist



- Below the Clinical Upload description, select **Required Medical Information Checklist**.
- Once you open the document, you will search for the **Specialty Therapies** section to review the list of required medical information EviCore requires in order for the prior authorization request to meet medical necessity.
- Direct link to document: Required Medical Information Check List.pdf (EviCore.com)

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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.

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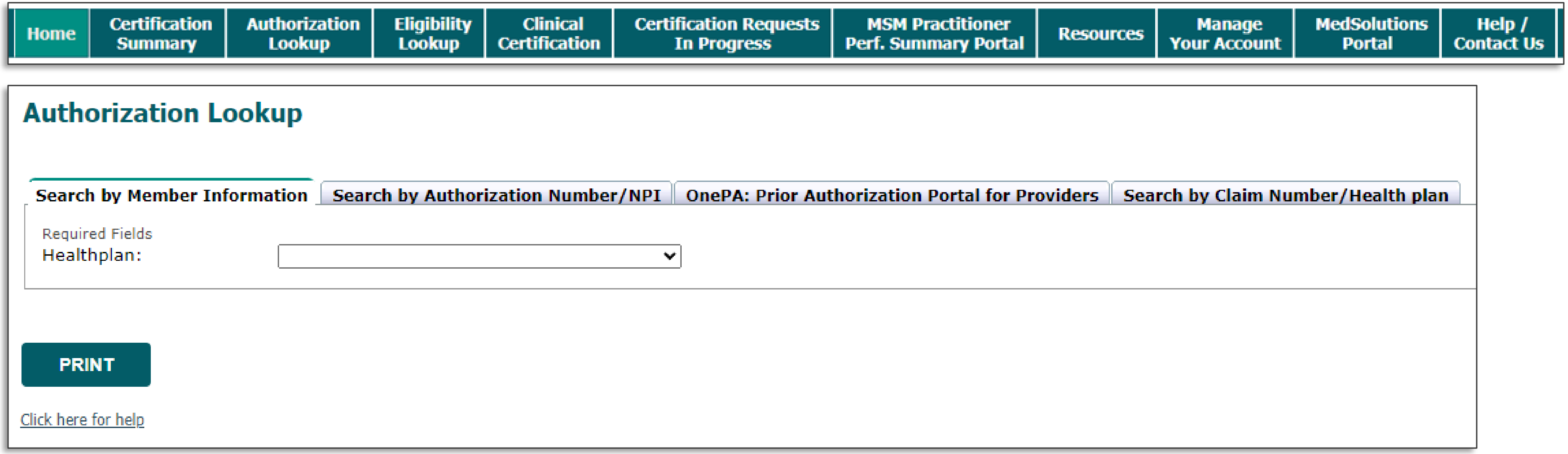
Authorization Lookup | Popular Tool



- You can "lookup" an authorization with this feature.
  - 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.
- And more

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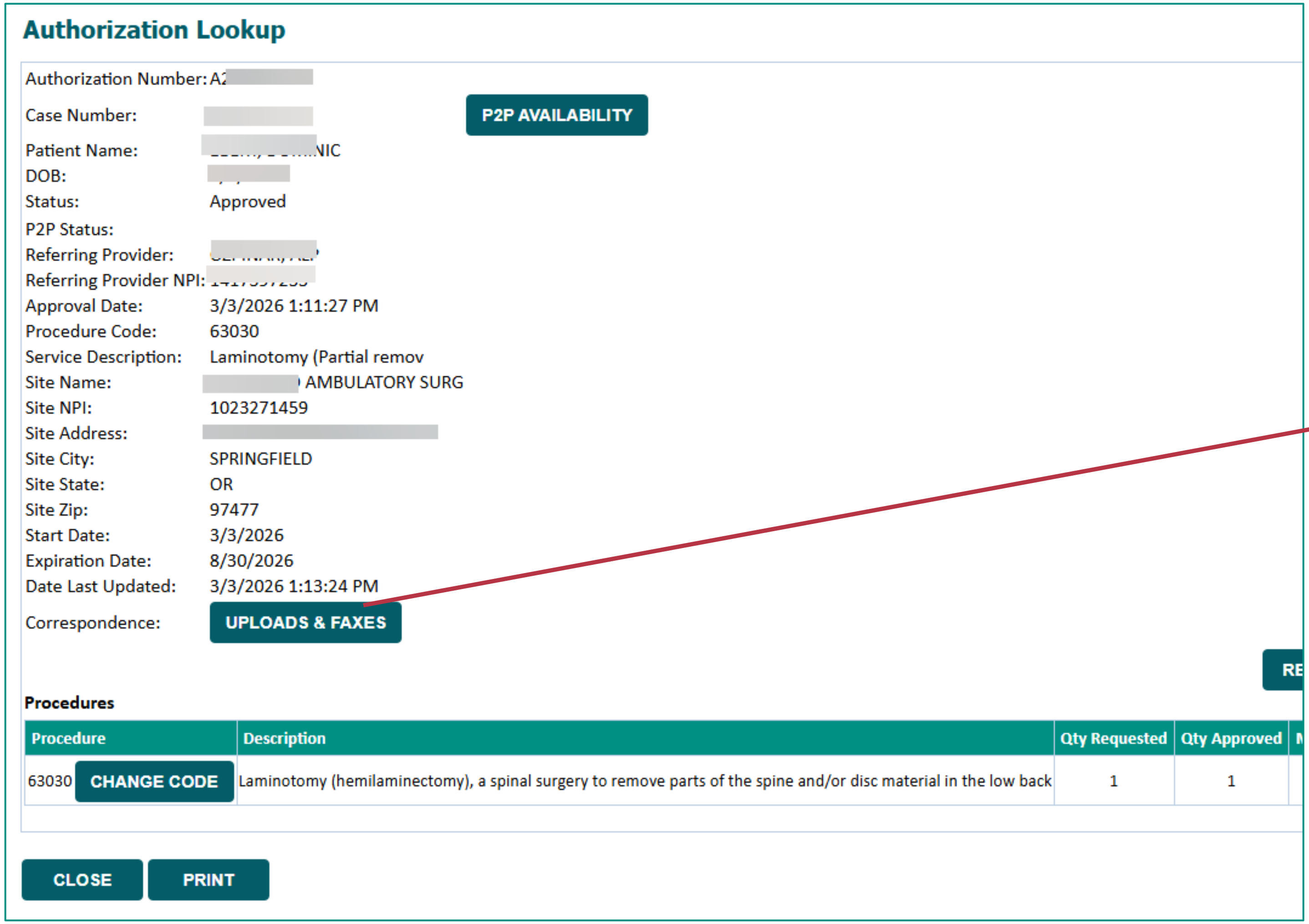
Authorization Lookup Feature



Authorization Lookup

Authorization Number: A2

Case Number:

Patient Name: NIC

DOB:

Status: Approved

P2P Status:

Referring Provider:

Referring Provider NPI:

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

Procedure Code: 63030

Service Description: Laminotomy (Partial remov

Site Name: AMBULATORY SURG

Site NPI: 1023271459

Site Address:

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

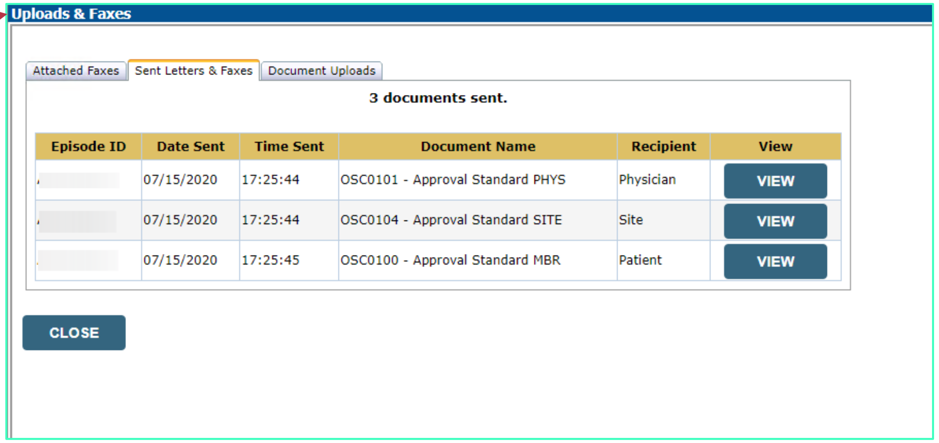
P2P AVAILABILITY

RE

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



Uploads & Faxes

Attached Faxes | Sent Letters & Faxes | Document Uploads

3 documents sent.

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

CLOSE

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

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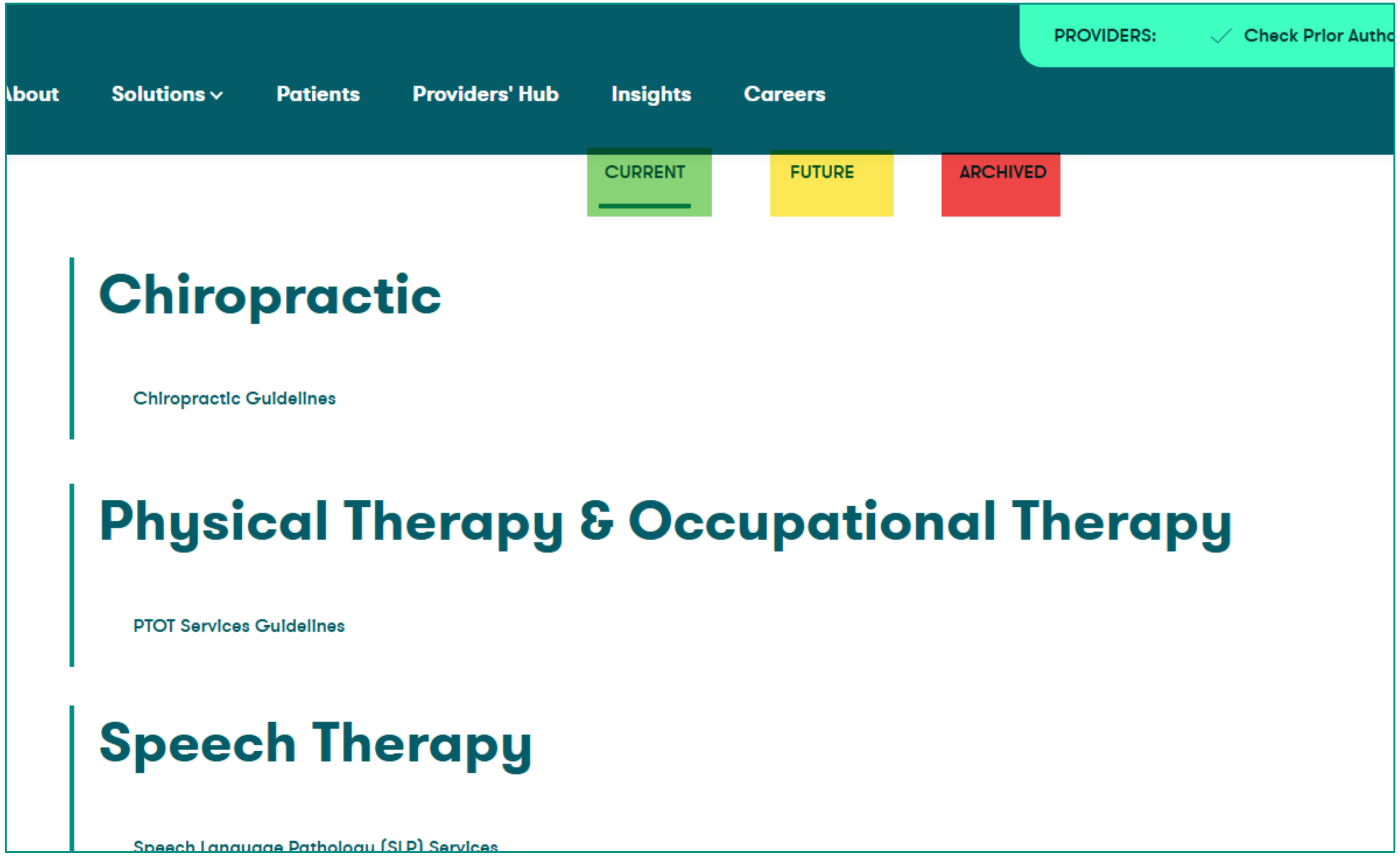
Provider Resources

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: Therapies
+ 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.



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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.

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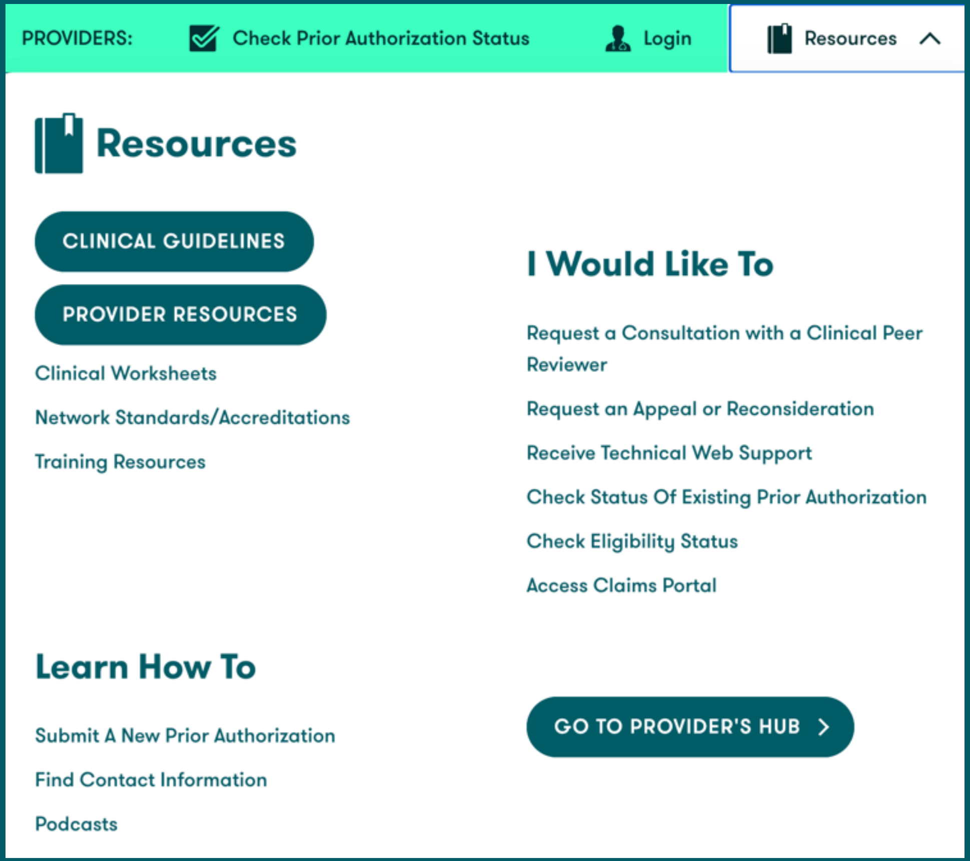
Quick Reference Tool

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



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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.

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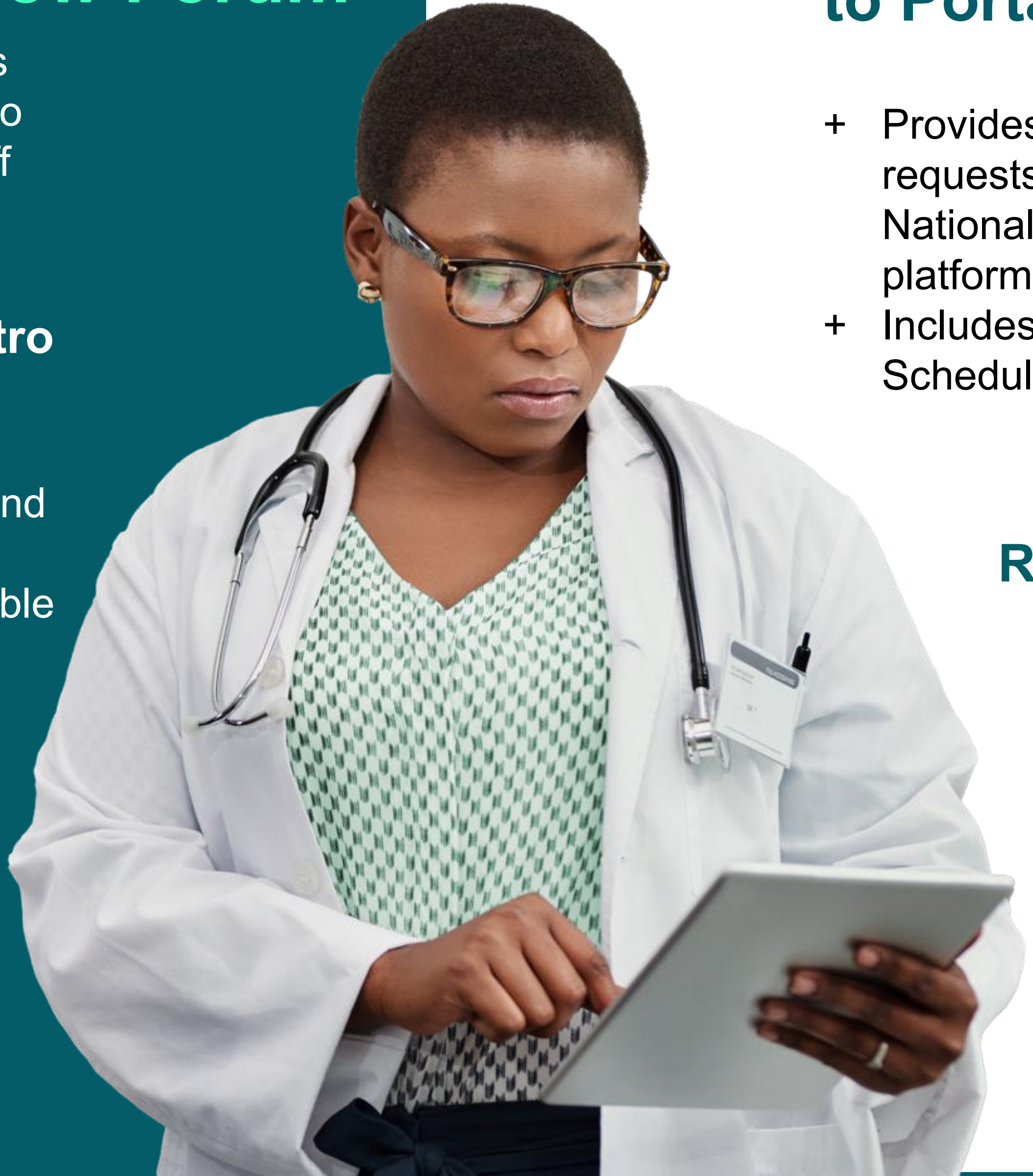

Ongoing sessions for Intro to Portal Training

+ 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
+ Scroll down to the section titled Stay Updated With Our Provider Newsletter
+ Enter a valid email address

Thank You

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Peer-to-Peer (P2P) Scheduling Tool

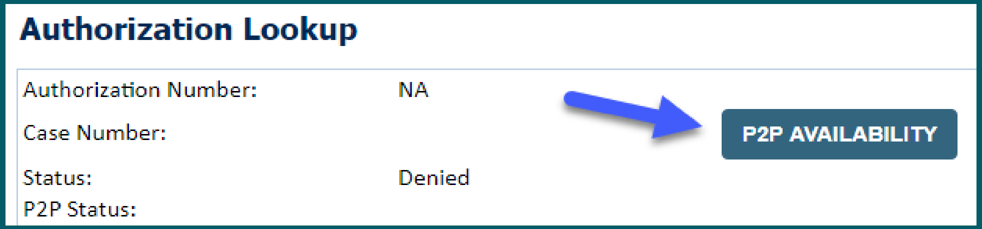
EviCore
By EVERNORTH

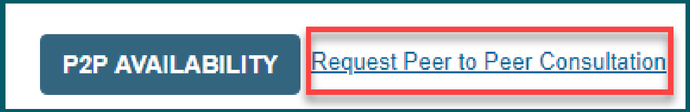
PROVIDER RESOURCES

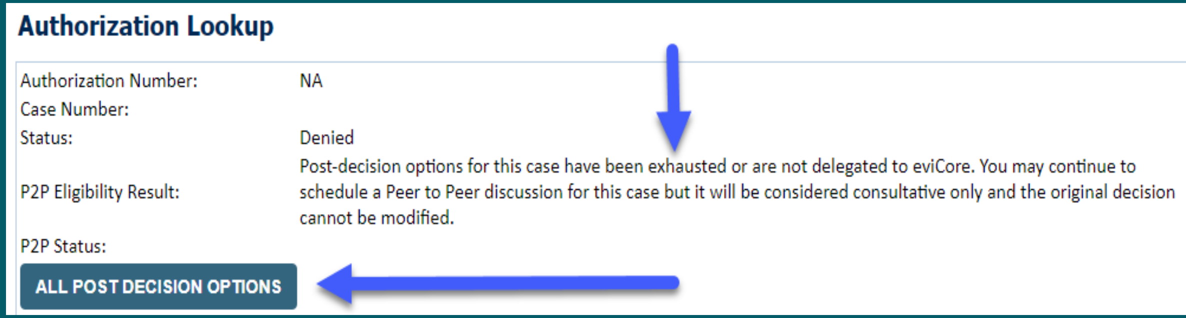
Schedule a P2P Request

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.

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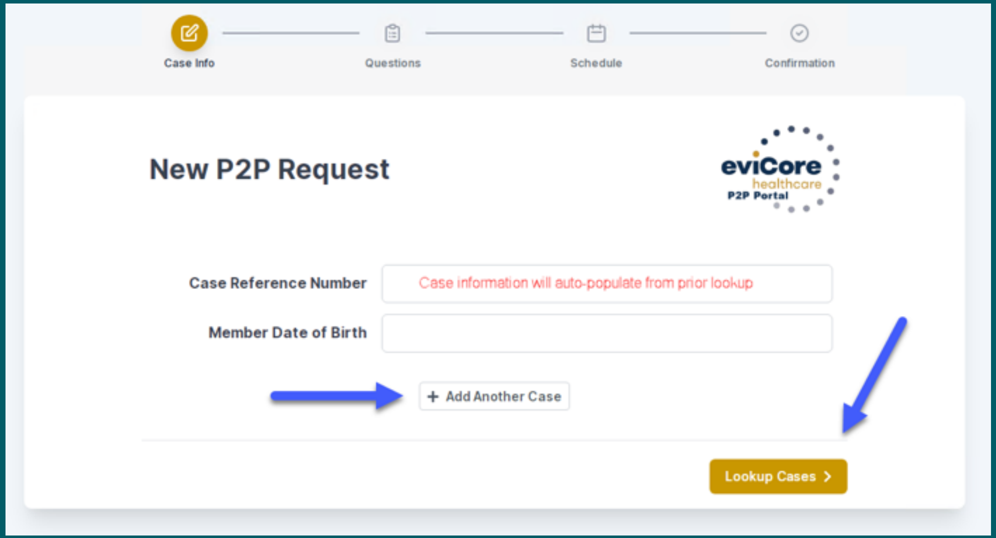
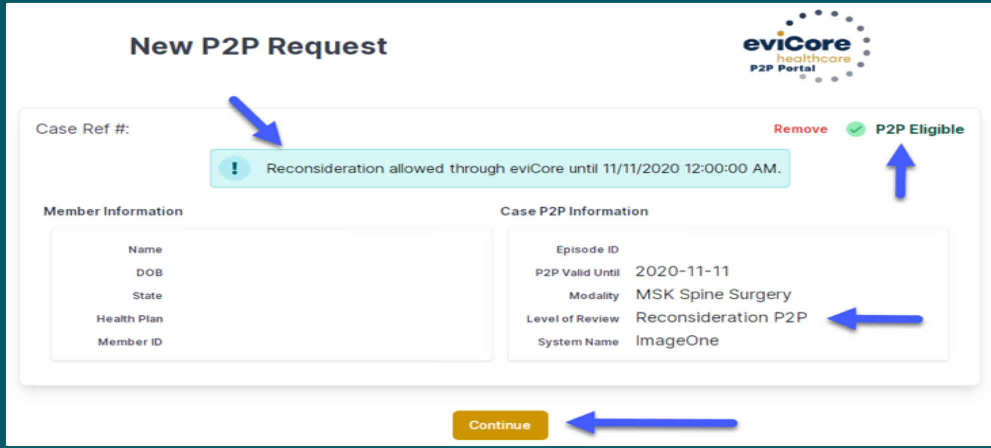
Schedule a P2P Request
(con't.)

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





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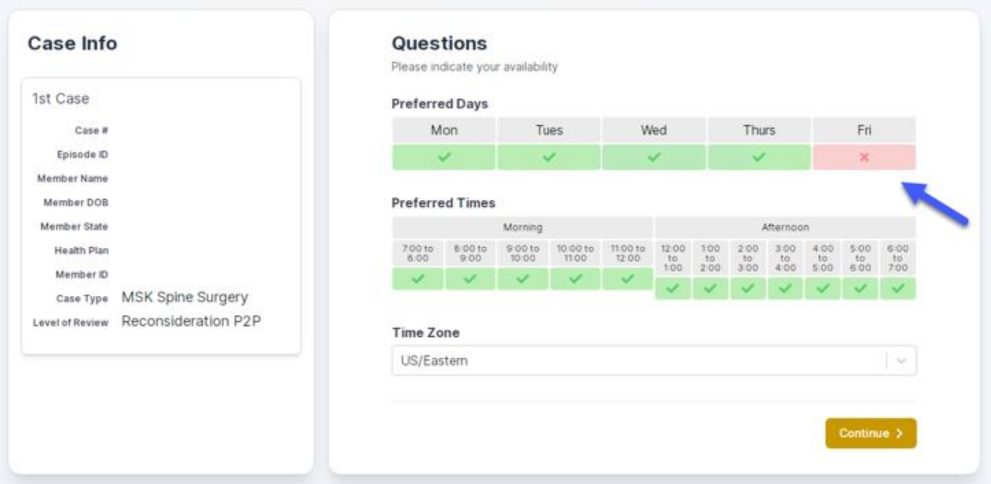
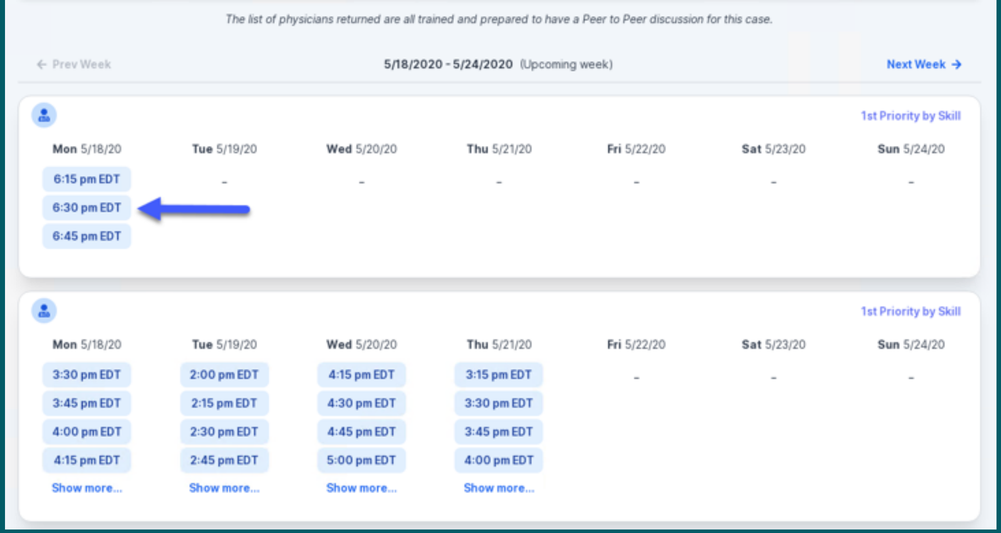
PROVIDER RESOURCES

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**





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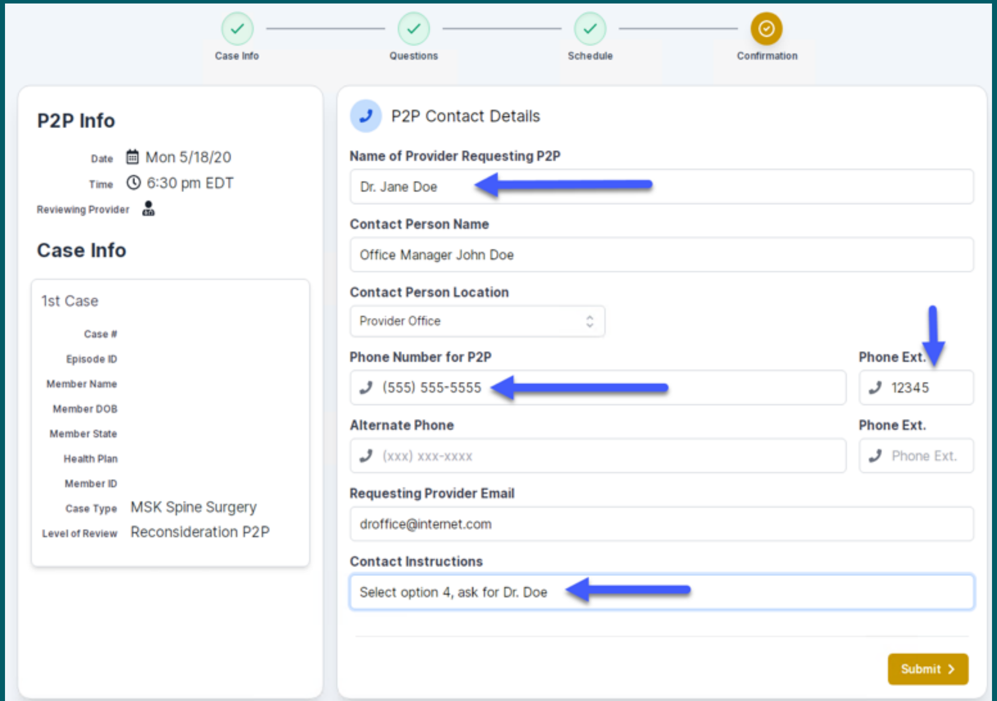
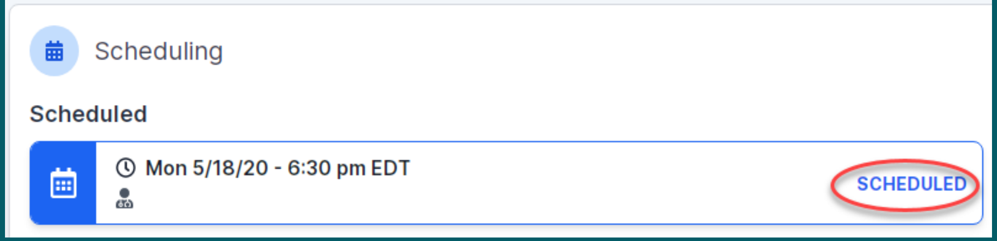
Schedule a P2P Request
(con't.)

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





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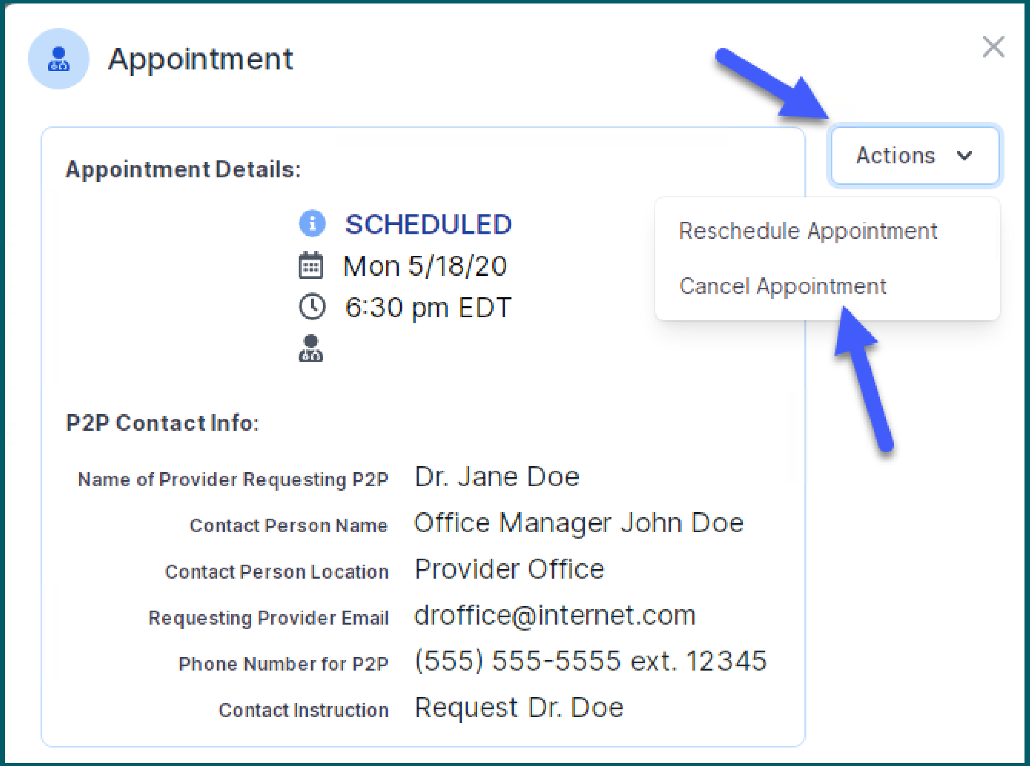
Cancel or Reschedule a P2P Appointment

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



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