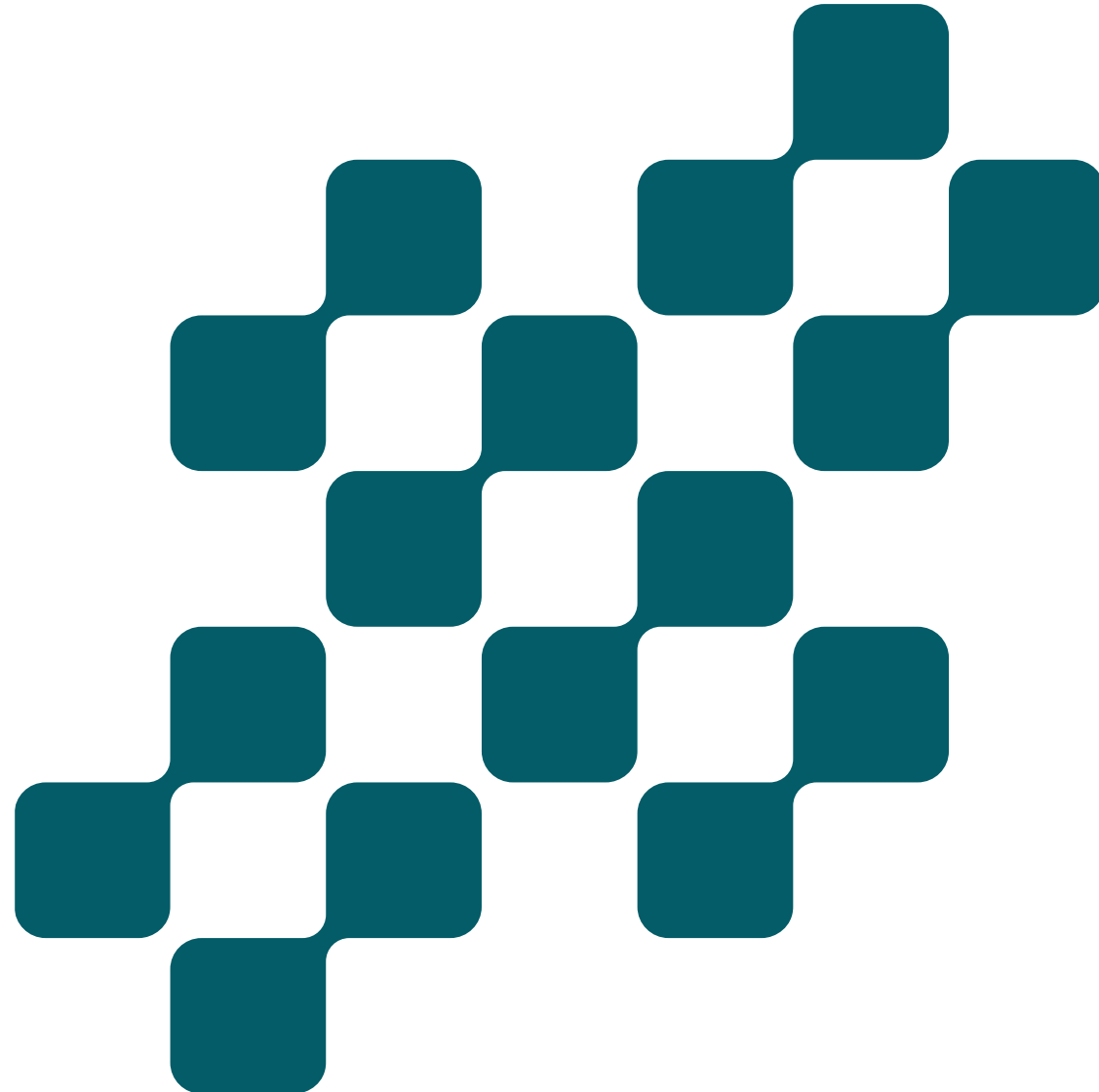


# Musculoskeletal Pain Management

Aetna Better Health

**EviCore**  
By EVERNORTH



# Agenda

## Solutions Overview

Interventional Pain Management

## Submitting Requests

Prior Authorization Outcomes, Special Considerations  
& Post-Decision Options

## EviCore Provider Portal

Overview, Features, and Benefits

## Provider Resources

## Questions & Next Steps

## Appendix

Self-Service Peer-to-Peer Scheduling Tool



**EviCore**

By EVERNORTH

# Solution Overview

# Prior Authorization Services

## Applicable Membership

- Medicare
- Medicaid

## Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

## Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays



**It is the responsibility of the ordering provider to request prior authorization approval for services.**

# Musculoskeletal Management

## 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:

<https://www.evicore.com/resources/healthplan/aetna-better-health-michigan>



# Submitting Requests

# 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 or fax.
- **Available 24/7.**
- **Save your progress:** If you need to step away, you can save your progress and resume later.
- **Upload additional clinical information:** No need to fax supporting clinical documentation; it can be uploaded on the portal.
- **View and print determination information:** Check case status in real time.
- **Dashboard:** View all recently submitted cases.
- **E-notification:** Opt to receive email notifications when there is a change to case status.
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submissions.

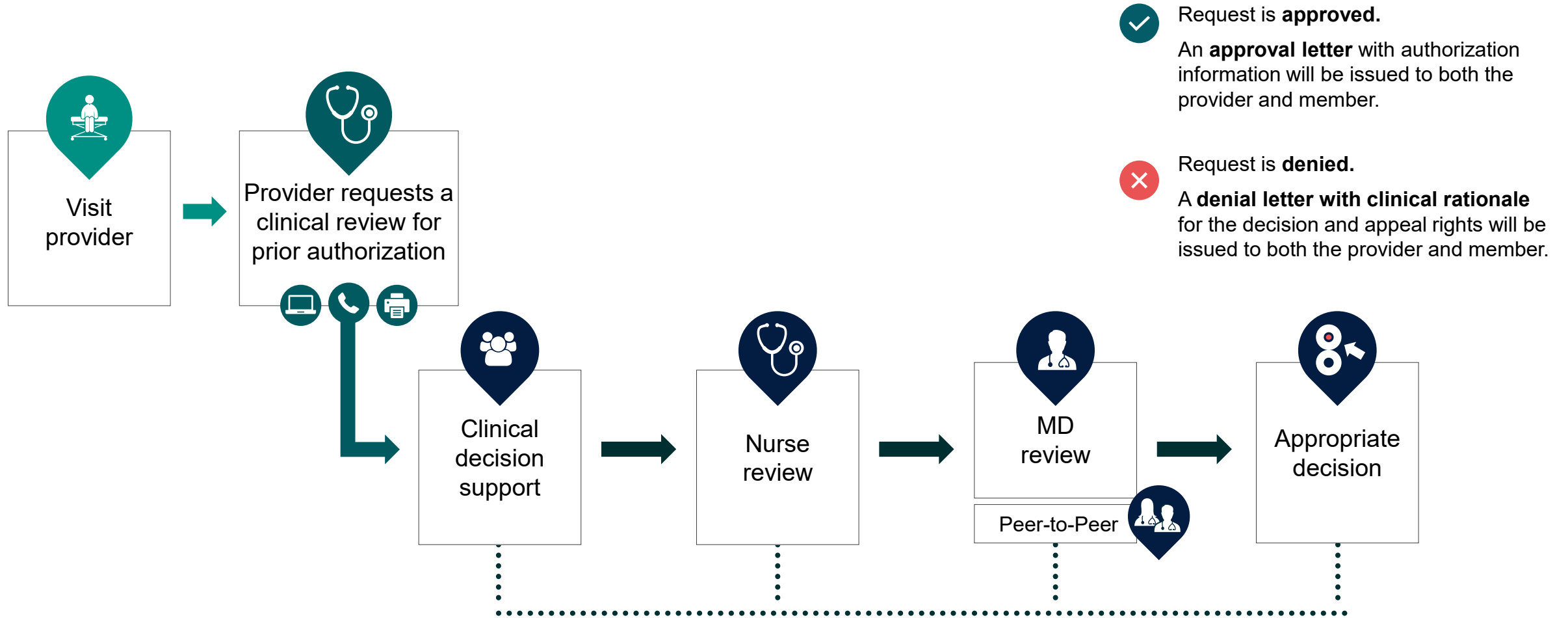
To access the EviCore Provider Portal, visit [www.EviCore.com](http://www.EviCore.com)



**Phone: 866-668-8295**  
Monday – Friday  
7 AM – 7 PM (local time)

**Fax: 800-540-2406**

# Utilization Management | Prior Authorization



# 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)

## Rendering Facility

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

## Referring (Ordering) Provider

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

## Supporting Clinical

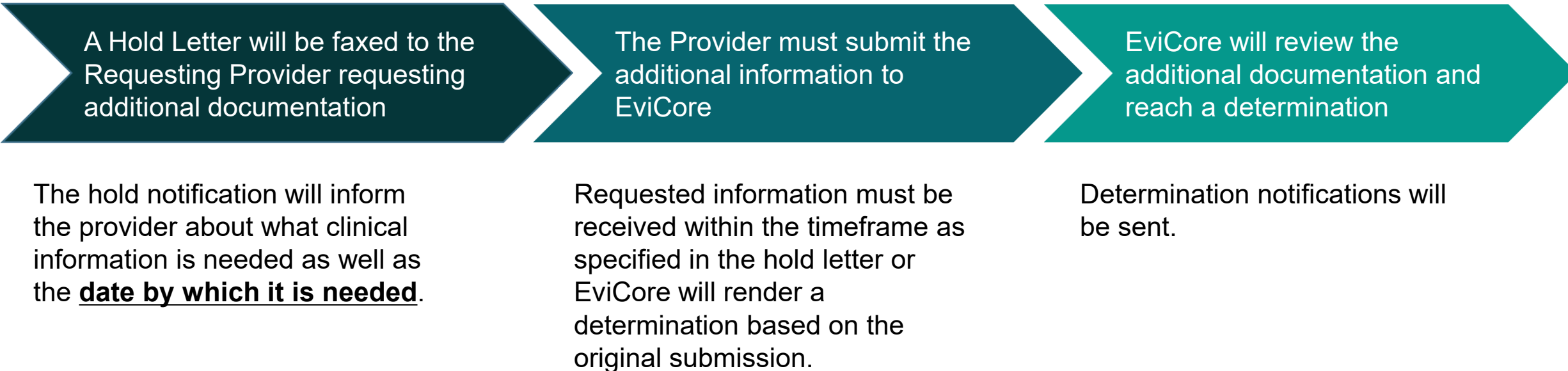
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



# Insufficient Clinical | Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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:



# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for:
  - **Medicare** - 180 calendar days from the date of approval.
  - **Medicaid** - 60 calendar days from the date of approval.
- **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, including denied Site of Care (if applicable).
- **Denied Requests:** Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

## Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: [www.EviCore.com](http://www.EviCore.com)

# Special Circumstances

## Alternative Recommendations

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



## Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **866-668-8295**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

# Post-Decision Options | Medicaid Members

## My case has been denied. What's next?

- Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
- You may also call EviCore at **866-668-8295** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- Alternatively, select “All Post Decisions” under the authorization lookup function on **EviCore.com** to see available options.



## Reconsiderations

- Reconsiderations must be requested within **five (5) business days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

## Appeals

- EviCore will not process first-level appeals.
- Please refer to the denial letter for instructions.
- A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

# Post-Decision Options | Medicare Members

## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

### Reconsideration

- Medicare cases **do not** include a reconsideration option.

### Appeals

- EviCore **will not** process first-level appeals for Medicare members.



# Special Circumstances

## Retrospective (Retro) Authorization Requests

- Must be submitted within **90 calendar days** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within:
  - Medicare Members - 30 calendar days
  - Medicaid Members - 14 calendar days

## Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.

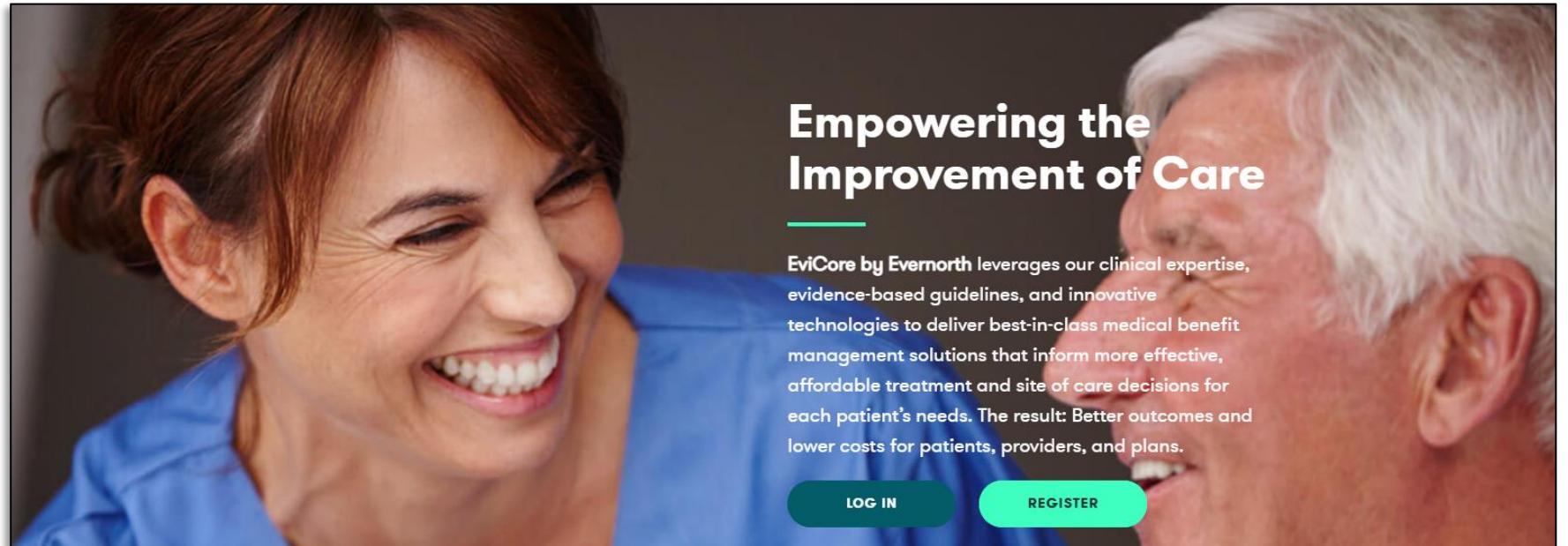


# EviCore Provider Portal

# EviCore Provider Portal | Access and Compatibility

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

- To access resources on the EviCore Provider Portal, visit [EviCore.com](https://EviCore.com)
- 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 EviCore Provider Portal Account

The screenshot shows the EviCore registration form with the following sections and fields:

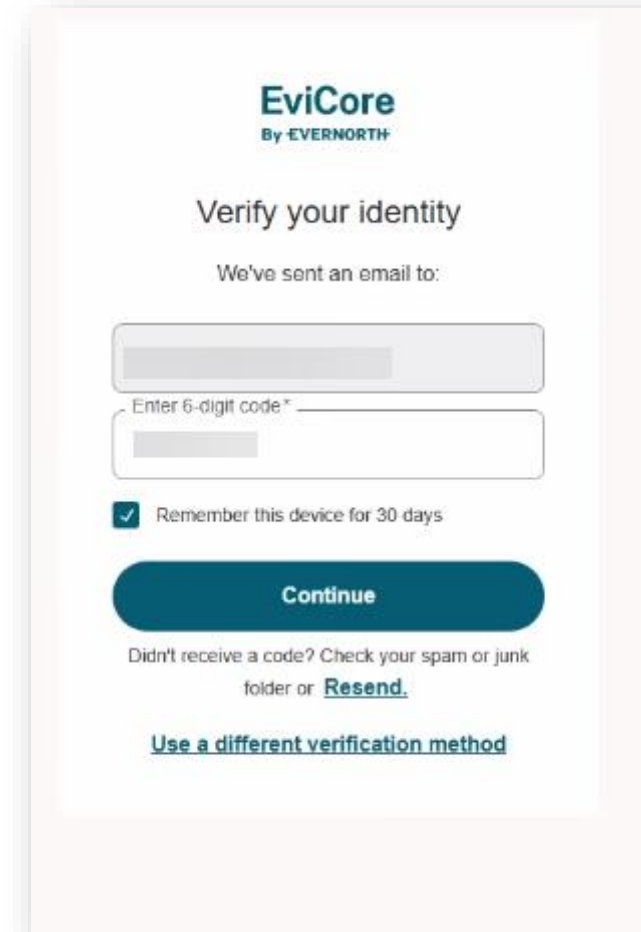
- User Information:** Includes fields for First Name (placeholder: Enter first name), Last Name (placeholder: Enter last name), and User Name (placeholder: Create user name). A "Next" button is located in the top right corner of this section.
- Contact Info:** Includes fields for Email (placeholder: Enter email), Confirm Email (placeholder: Confirm email), Phone (placeholder: Phone number), and Ext (optional) (placeholder: Extension).
- Physician/Facility Information:** Includes fields for Individual NPI (placeholder: Enter NPI) and Tax ID (placeholder: Enter Tax ID).

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

# Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

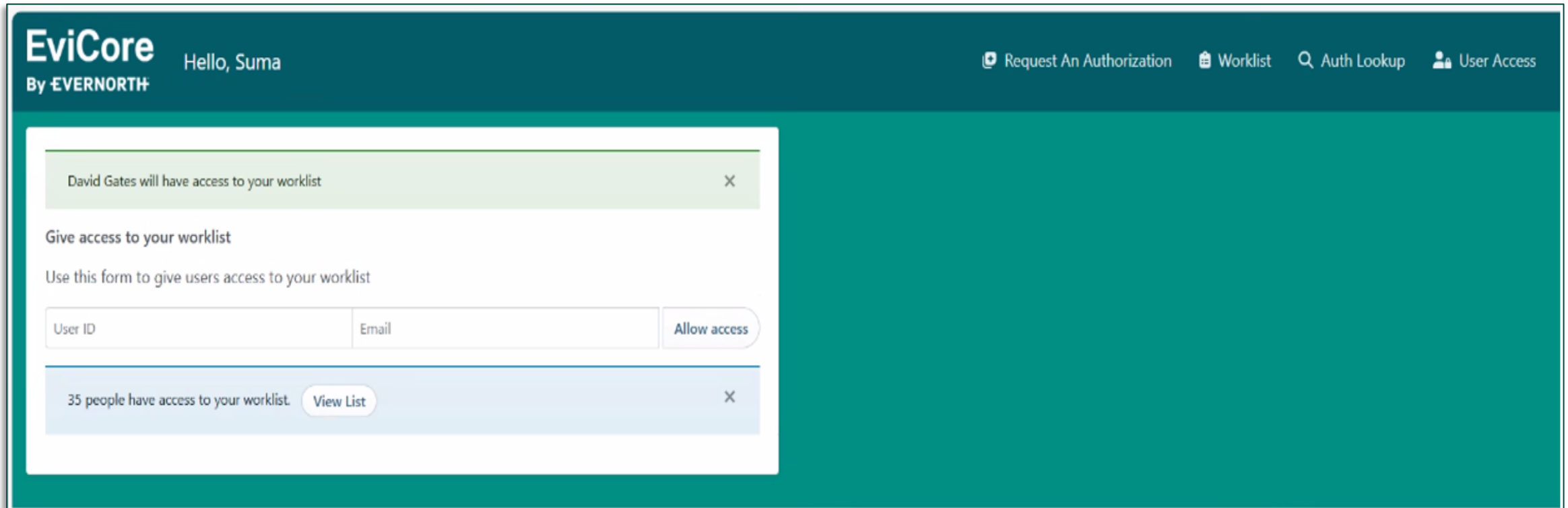
- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, **enter your email address or mobile phone number.**
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.



The screenshot shows a mobile application interface for EviCore, a subsidiary of Evernorth. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it states 'We've sent an email to:' followed by a blurred email address field. A large, light gray input field is provided for the user to enter a 6-digit code, with the label 'Enter 6-digit code\*' above it. Below the input field is a checkbox labeled 'Remember this device for 30 days', which is currently checked. A prominent teal 'Continue' button is centered below the checkbox. At the bottom, there is a link that says 'Didn't receive a code? Check your spam or junk folder or [Resend.](#)' and another link below it that says '[Use a different verification method](#)'.

# Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.



**Need more info on UPX?** Visit [www.eviCore.com/provider](http://www.eviCore.com/provider) → Video Resources for self-service training or click **Register Now** to join a session.

# EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the **Add Provider** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

**Manage Your Account**

Office Name:  
Address:

Primary Contact:  
Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

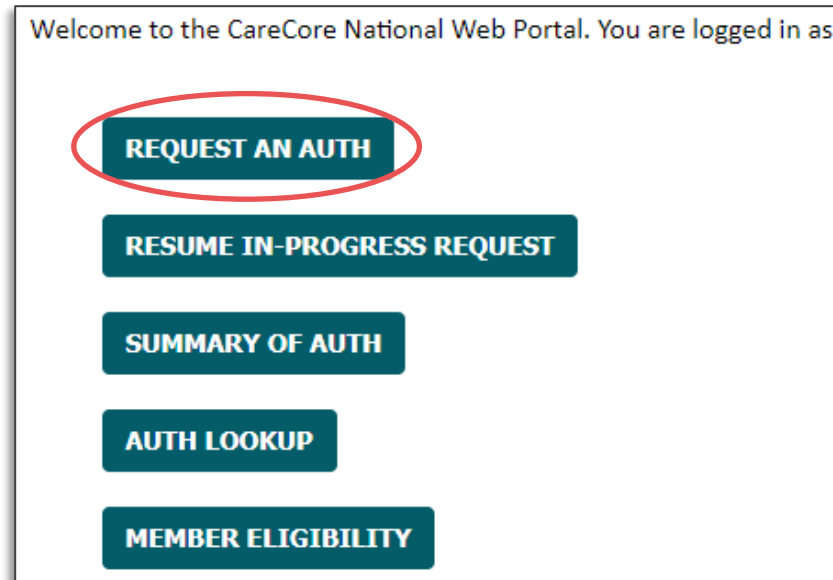
Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case

# Initiating a Case



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

# Select Program

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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## 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
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology/Vascular Intervention
- Sleep Management

CONTINUE

[Click here for help](#)

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

# Clinical Certification Request | Search and Select Provider

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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## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	

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

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

# Clinical Certification Request | Search and Select Provider



### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

**SEARCH** **CLEAR SEARCH**

Provider
<b>SELECT</b>

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

Search By NPI:  **SEARCH**

	Practitioner Name	NPI	Address	City	State	ZipCode	Phone	Fax
<b>SELECT</b>								

**BACK** **CONTINUE**

[Click here for help](#)

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

### Attention!

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

**YES** **NO**

# Select Health Plan

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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## Choose Your Insurer

Requesting Provider:

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**.

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# Clinical Certification Request | Enter Contact Information

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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**Add Your Contact Info**

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

Receive notification of case status changes. Please enter email address in box above.

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](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

# Clinical Certification Request | Enter Member Information

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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### 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 and date of birth.

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.
- Confirm the patient's information and click **SELECT** to continue.

Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<b>SELECT</b>		01			F	

**BACK**

[Click here for help](#)

# 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
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### Requested Service + Diagnosis

This procedure will be performed on 5/6/2024. [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 the primary CPT code.
- Add diagnosis code(s).

# Clinical Certification Request | Clinical Details

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!**

Will you also be the surgeon performing the procedure?

If you answer NO, you will have the option of entering a rendering surgeon.



**Attention!**

**Surgeon Search**

Use the fields below to search for specific providers. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial provider name by entering some portion of the name and we will provide you the provider names that most closely match your entry.

NPI:

TIN:

Zip Code:

City:

Provider Name:

Exact match  
 Starts with

# Clinical Certification Request | Site 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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## Add Site of Service

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:	<input type="text"/>	Zip Code:	<input type="text"/>	Site Name:	<input type="text"/>
TIN:	<input type="text"/>	City:	<input type="text"/>	<input type="radio"/> Exact match	
				<input checked="" type="radio"/> Starts with	

LOOKUP SITE

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- **Select** the specific site where the procedure will be performed.

# Clinical Certification Request | Clinical Certification

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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## Proceed to Clinical Information

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

Once you have clicked "**CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.

I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

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

# Clinical Certification Request | Standard or Urgent Request

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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**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

**Proceed to Clinical Information**

Is this case Routine/Standard?

- If the case is **standard**, select **Yes**.
- If your request is **urgent**, select **No**.
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information.
- Upload up to **FIVE** documents. (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload.

# 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	Add Provider	MedSolutions Portal	Unified Dashboard	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

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Add Provider</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Unified Dashboard</a>	<a href="#">Help / Contact Us</a>
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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

**EviCore**

By EVERNORTH

# Clinical Collection Process | Pathway Questions

<a href="#">Home</a>	<a href="#">Certification Summary</a>	<a href="#">Authorization Lookup</a>	<a href="#">Eligibility Lookup</a>	<a href="#">Clinical Certification</a>	<a href="#">Certification Requests In Progress</a>	<a href="#">MSM Practitioner Perf. Summary Portal</a>	<a href="#">Resources</a>	<a href="#">Add Provider</a>	<a href="#">MedSolutions Portal</a>	<a href="#">Unified Dashboard</a>	<a href="#">Help / Contact Us</a>
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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

SUBMIT

**EviCore**

By EVERNORTH

# Clinical Certification Request | Request for Clinical Upload

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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**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

**EviCore**  
By EVERNORTH

## 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)

If **additional information** is required, you will have the option to upload more clinical information. Review the *required medical information checklist* to understand what clinical EviCore requires in order for the prior authorization request to meet medical necessity.

### Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case number and indicates “Your case has been sent to clinical review.”
- Direct link to document:  
[Required Medical Information Check List](#)

# Clinical Certification Request | Medical Review

## Summary of Your Request

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

Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-866-668-8295

Provider Name:	DR. [REDACTED]	Contact:	[REDACTED]
Provider Address:	[REDACTED]	Phone Number:	[REDACTED]
		Fax Number:	[REDACTED]
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	[REDACTED]		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED]		
Primary Diagnosis Code:	[REDACTED]	Description:	Other cervical disc displacement, unspecified cervical region
Secondary Diagnosis Code:	[REDACTED]	Description:	
Date of Service:	[REDACTED]	Description:	
CPT Code:	[REDACTED]		
Case Number:	[REDACTED]		
Review Date:	11/22/2025 3:30:15 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to clinical review. You will be notified via fax within 2 business days if additional clinical information is needed. If you wish to speak with eviCore at anytime, please call 1-866-668-8295		

# Clinical Certification Request | Criteria Met

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

**Your case has been Approved.**

<b>Provider Name:</b>	DR. BHARATH MANU ARKANA VEETIL	<b>Contact:</b>	1400
<b>Provider Address:</b>	1200 6TH AVE W SAINT CLOUD, MN 56303	<b>Phone Number:</b>	(320) 252-1000
		<b>Fax Number:</b>	(320) 252-1000
<b>Patient Name:</b>	WALTER WALKER	<b>Patient Id:</b>	00000000
<b>Insurance Carrier:</b>	WELLS FARGO		
<b>Site Name:</b>	COMMUNITY HOSPITAL OF ST. CLAIR	<b>Site ID:</b>	00000000
<b>Site Address:</b>	875 LAMAR BLVD CORNING, NY 13612		
<b>Primary Diagnosis Code:</b>	R68.89	<b>Description:</b>	Other general symptoms and signs
<b>Secondary Diagnosis Code:</b>		<b>Description:</b>	
<b>Date of Service:</b>	Not provided	<b>Description:</b>	
<b>CPT Code:</b>			
<b>Authorization Number:</b>			
<b>Review Date:</b>	5/13/2020 1:52:08 PM		
<b>Expiration Date:</b>	6/27/2020		
<b>Status:</b>	Your case has been Approved.		

CANCELPRINTCONTINUE

- If your request is authorized during the initial submission, you can **PRINT** the summary for your records.

# Provider Resources

# EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Support for EviCore's provider portal
  - You can also speak with Web Support at 800-646-0418 (option 2), or
  - Chat with Web Support online at [www.EviCore.com](http://www.EviCore.com)

ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [ECRM Resources site](#).



# Contact EviCore's Dedicated Teams



## Call Center/Intake Team

- Phone: 866-668-8295
- Representatives are available from 7 a.m. to 7 p.m. local time.

## Portal Support

- Initiate a support request via ECRM.
- Call 800.646.0418 (option 2).
- Live chat at [www.EviCore.com](http://www.EviCore.com)

## Provider Engagement

- Regional team that works directly with the provider community.
- **Provider Engagement Manager Territory List**

# Provider Resource Website

## Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain material to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational material:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

**To access these helpful resources, please visit:**

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

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

To access these helpful resources, visit EviCore's [Providers' Hub](#).



# Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

## Register for Provider Training Sessions:

Provider's Hub > Scroll to EviCore Provider Trainings > Register Now

# EviCore Online Provider Resources Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff with 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'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



## Stay Updated With Our Provider Newsletter

*Your email address*

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SUBSCRIBE →

# Thank You

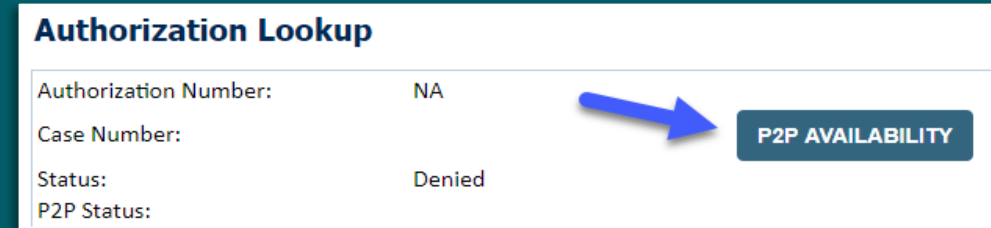
# Appendix

# Online Peer-to-Peer Scheduling Tool

# Schedule a P2P

If your case is eligible for a Peer-to-Peer (P2P) 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.\*

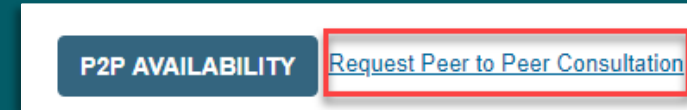


**Authorization Lookup**

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

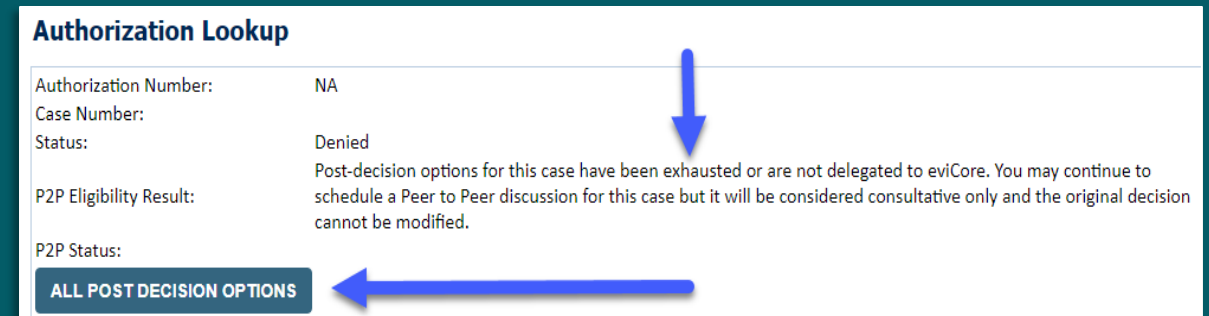
**P2P AVAILABILITY**

A blue arrow points from the 'NA' value in the Authorization Number field to the 'P2P AVAILABILITY' button.



**P2P AVAILABILITY** [Request Peer to Peer Consultation](#)

The link 'Request Peer to Peer Consultation' is highlighted with a red rectangular border.



**Authorization Lookup**

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	

**ALL POST DECISION OPTIONS**

A blue arrow points from the 'Denied' status to the 'ALL POST DECISION OPTIONS' button.

\*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, 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

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.

The image displays two screenshots of the EviCore 'New P2P Request' form. The top screenshot shows the input fields for Case Reference Number and Member Date of Birth, with an 'Add Another Case' button and a 'Lookup Cases' button. The bottom screenshot shows the confirmation screen with member and case information, including a 'Continue' button.

**Case Info** | **Questions** | **Schedule** | **Confirmation**

### New P2P Request

**EviCore**  
By **EVERNORTH**

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

[+ Add Another Case](#)

[Lookup Cases >](#)

---

### New P2P Request

**EviCore**  
By **EVERNORTH**

Case Ref #: Remove ✔ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

[Continue](#)

# Schedule a P2P

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, 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	-	-	-	-	-	-

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
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

# Schedule a P2P

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.

The screenshot shows a scheduling form with a progress bar at the top: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (pending). The form is divided into two main sections: 'P2P Info' and 'P2P Contact Details'. The 'P2P Info' section includes fields for Date (Mon 5/18/20), Time (6:30 pm EDT), and Reviewing Provider. The 'P2P Contact Details' section includes fields for Name of Provider Requesting P2P (Dr. Jane Doe), Contact Person Name (Office Manager John Doe), Contact Person Location (Provider Office), Phone Number for P2P ((555) 555-5555), Phone Ext. (12345), Alternate Phone ((xxx) xxx-xxxx), Phone Ext. (Phone Ext.), Requesting Provider Email (droffice@internet.com), and Contact Instructions (Select option 4, ask for Dr. Doe). A 'Submit' button is located at the bottom right of the form. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.




The screenshot shows a 'Scheduled' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below it, the text 'Scheduled' is displayed. A large blue box contains a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this box, there is a red oval containing the word 'SCHEDULED' in blue capital letters.

# P2P Contact Details

1. Use the radio button option to select who will perform the P2P with the EviCore Medical Director.
2. Open fields will manually open to input the provider's first, last name, and their credential.

## P2P Contact Details

**Appointment Details**

 Fri 5/24/2024  
 7:00 am PDT  
 Tamara Fackler

**Who will be performing the P2P consultation?** *Required*

Requesting Provider  
 Contact Person  
 Someone else

**PROVIDER**

**Name of Referring Physician on Case** *Required* **Credential** *Required*

First Name Last Name Select... ▼

**CONTACT PERSON**

**Contact First Name** *Required* **Contact Last Name** *Required*

Contact First Name Contact Last Name

**Contact Person Location** *Required*

Select... ▼

# Call Notes

1. Use the radio button to select options if applicable.
2. If “Procedure was performed on” is selected, then the date is required.

**Contact Instructions**

**Call Notes**

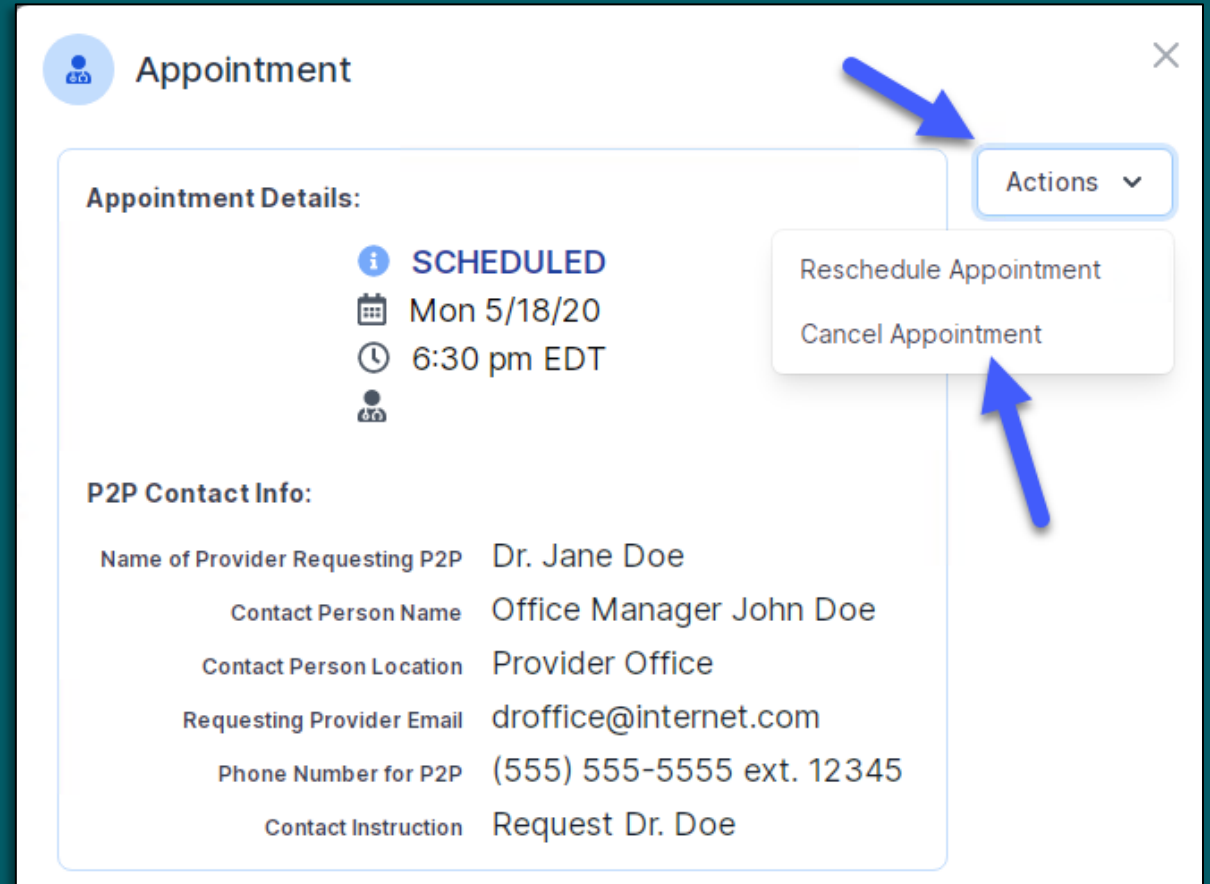
- ALT REC declined
- Procedure was performed on:
- Caller requested MD Specialty match
- Appeal LOR attestation requirement
- OH State Regulation: Member Consent obtained
- TX licensed physician - Caller is aware P2P does not meet SSL match and wants to proceed with P2P per same-specialty match requirement.
- TX licensed same specialty - Caller is aware P2P does not meet TX SSL/specialty match and wants to proceed with P2P

[Schedule Appointment](#)

# 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.



The screenshot shows a window titled "Appointment" with a close button (X) in the top right corner. The window is divided into two main sections: "Appointment Details" and "P2P Contact Info".

**Appointment Details:**

- Status: **SCHEDULED** (indicated by an information icon 'i')
- Date: **Mon 5/18/20** (indicated by a calendar icon)
- Time: **6:30 pm EDT** (indicated by a clock icon)
- Person icon: **[Person Icon]**

**P2P Contact Info:**

Name of Provider Requesting P2P	Dr. Jane Doe
Contact Person Name	Office Manager John Doe
Contact Person Location	Provider Office
Requesting Provider Email	droffice@internet.com
Phone Number for P2P	(555) 555-5555 ext. 12345
Contact Instruction	Request Dr. Doe

**Actions:** A drop-down menu is open, showing two options: "Reschedule Appointment" and "Cancel Appointment". Blue arrows point to the "Actions" button and the "Cancel Appointment" option.