
Pain Management

Frequently Asked Questions

Who is EviCore By Evernorth?

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

Which members will EviCore manage for the Musculoskeletal Management Program?

EviCore will manage prior authorization for Aetna members who are enrolled in the following programs:

- HMO plans
- HNO plans
- Medicare plans
- PPO plans

Note: EviCore will not manage prior authorizations for [Non-Delegated Memberships]

Which Musculoskeletal services require prior authorizations for Aetna?

EviCore has a list of covered services that will now require authorization for Aetna specific to Spine Surgeries. The list of covered services can be found by visiting: [Aetna MSK Pain Management Provider Resource Page](#)

Which Musculoskeletal services require prior authorization for Aetna?

Go to <https://www.evicore.com/resources> Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

Pain Management

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

Who needs to request prior authorization through EviCore?

All ordering (requesting) physicians are required to obtain prior authorization for services prior to the service being rendered in an office, inpatient or outpatient setting.

How do I request prior authorization through EviCore?

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

Web Portal

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.Evicore.com.

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **888-622-7329**.

Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on EviCore's website at www.evicore.com/provider/online-forms

Do Musculoskeletal services performed in an inpatient setting at a hospital or emergency room setting require prior authorization?

EviCore will review the surgery pre-service authorization request for medical necessity and make a determination based on clinical information provided. EviCore will collect the requested place of service during the pre-service authorization process. If the requested procedure is approved and an inpatient place of service is appropriate, a separate request needs to be submitted to Aetna. The provider will need to seek separate approval for the inpatient stay. Aetna will authorize the facility admission.

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

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

Rendering (Performing) Provider

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

Clinical(s)

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

Note: EviCore suggests utilizing the clinical worksheets when requesting authorization for Spine Surgeries.

How long is the authorization valid?

Authorizations are valid for **30 Calendar Days** from the date of submission for outpatient procedures, and from date of service + goal length of stay for inpatient procedures. If the service is not performed within the calendar days from the issuance of the authorization, please contact EviCore.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

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

Urgent requests are defined as a condition that is a risk to the patient's health, ability to regain maximum function and/or the patient is experiencing severe pain that require a medically urgent procedure. Urgent requests may be initiated on our web portal at [Evicore.com](https://www.evicore.com) or by contacting our call center at **888-622-7329**. Urgent requests will be processed within 24 hours from the receipt of complete clinical information.

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

Where can I access EviCore clinical worksheets and guidelines?

EviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

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

After all clinical info is received, for normal (non-urgent) requests a decision is made within 2-3 business days. For urgent requests, a decision is made within 24 hours to 72 hours. The provider will be notified by fax.

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a Peer-to-Peer within one (1) business day with an EviCore Medical Director to review the decision. They may also submit a written request within 5 business days of the receipt of the clinical information necessary to perform the reconsideration review.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 14 calendar days following the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

What verification elements are required when clinical documentation is provided to EviCore?

EviCore requires name (first and last) and one additional identifier from the list below.

- + Date of birth
- + Correct case number/Episode ID
- + Member identification number
- + Full address (Street, City, State and Zip Code)
- + Full phone number including area code
- + Driver's license number or other government-issued ID

Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers will satisfy HIPAA verification if no patient discrepancy is present within subsequent pages.

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

The requesting provider or member should contact EviCore at **888-622-7329** with any change to the authorization, whether the surgery has been completed or additional procedures were required. Please be prepared to offer additional documentation to support the change. It is very important to update EviCore of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

Where do I submit my claims?

All claims will continue to be filed directly to Aetna.

What are the benefits of using EviCore Web Portal?

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

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

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please go to [ECRM](#).

Common Items to Send to Client & Provider Services:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

Who do I contact for online support/questions?

Web portal inquiries can be submitted at [ECRM](#) or call 800-646-0418 (Option 2).

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at [Aetna MSK Pain Management Provider Resource Page](#)