EviCore
By EVERNORTH

Clover +

Pain Management, Spine and Joint Surgeries

Frequently Asked Questions

Who is EviCore?

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

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

Which Musculoskeletal services require prior authorizations for Clover Health?

EviCore has a list of covered services that will now require authorization for Clover Health specific to Spine Surgeries. The list of covered services can be found by visiting: Clover Health Provider Resources | EviCore by Evernorth

Which Musculoskeletal services require prior authorization for Clover Health? Go to https://www.evicore.com/resources Find the Health Plan > Select solution resources> Select the correct solution> Select CPT Codes.

Spine Surgery
In scope procedures include Spinal Fusion, Spinal Decompressions, Discectomies, Disc Arthroplasty, Vertebroplasty, Kyphoplasty

Pain Management
In scope procedures include Epidural injections - Interlaminar/Transforaminal/Caudal facet joint injections/medial branch blocks; Sacroiliac joint injection, Epidurography/discography, Regional sympathetic block, Spinal denervation Radiofrequency Ablation(RFA), Monitored Anesthesia Care for interventional pain procedures, Spinal implants, Intrathecal drug pumps, Dorsal column stimulators.

Joint Surgery
In scope procedures include Arthroscopic procedures, Open procedures, and Joint replacements.

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

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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 **800-421-7592**

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 Clover Health. The provider will need to seek separate approval for the inpatient stay. Clover Health 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 of Spine Surgeries services.

How long is the authorization valid?

Authorizations are valid for 60 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 timeframes 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, the ability to regain maximum function, and/or the patient is experiencing severe pain that requires a medically urgent procedure. Urgent requests may be initiated on our web portal at Evicore.com or by contacting our contact center at **800-421-7592** 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 60 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 a 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 present 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 **800-421-7592** 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 Clover Health.

Where do I submit questions or concerns regarding this program?

For program related questions or concerns, please submit inquiries via **ECRM**

Common issues addressed through ECRM

- 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

Additional Information about ECRM can be found on Providers Hub

Who do I contact for online support/questions?

Web portal inquiries can be resolved via **ECRM** or call 800-646-0418 (Option 2).

What are the benefits of using EviCore Web Portal?

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

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

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at: [Clover Health Provider Resources | EviCore by Evernorth]

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