

# Interventional Pain Management, Joint & Spine Surgery

Jefferson Health Plans

**EviCore**  
By EVERNORTH

 **Jefferson**  
Health Plans



# Agenda

## Program Overview

Interventional Pain Management, Joint & Spine Surgery

## Submitting Requests

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

## EviCore Provider Portal

## Provider Resources

## Questions & Next Steps

## Appendix

Self-Service Peer-to-Peer Scheduling Tool



**EviCore**

By EVERNORTH

# Program Overview

# Prior Authorization Services

## Applicable Membership

- ACA Exchange (Commercial)
- Jefferson Health Plans CHIP
- Jefferson Health Plans EverWell (Medicaid)
- Medicare

## 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

## Joint Surgery

- Large joint replacement
  - Arthroscopic and open procedures

## Spine Surgery

- Spinal implants
  - Spinal cord stimulators
  - Pain pumps
- Cervical/Lumbar
  - Decompressions
  - Fusions



To find a list of CPT codes that require prior authorization through EviCore, please visit:  
<https://www.evicore.com/resources/healthplan/Jefferson-Health-Plans>

# Inpatient Stays

## Program Overview

- EviCore healthcare will review Spine and Joint Surgery precertification requests for medical necessity and make a determination based on the clinical information provided.
- EviCore will collect the requested place of service during the precertification process. If the procedure requires an inpatient stay, EviCore will review the site of care for medical necessity in addition to the procedure.
- If an inpatient stay is deemed medically necessary, EviCore will communicate the appropriate length of the inpatient stay in the determination letter.
- EviCore does not provide concurrent bed day management for inpatient admissions. All modifications/extensions to the approved length of stay are managed by the health plan using their existing concurrent review process.



# 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.

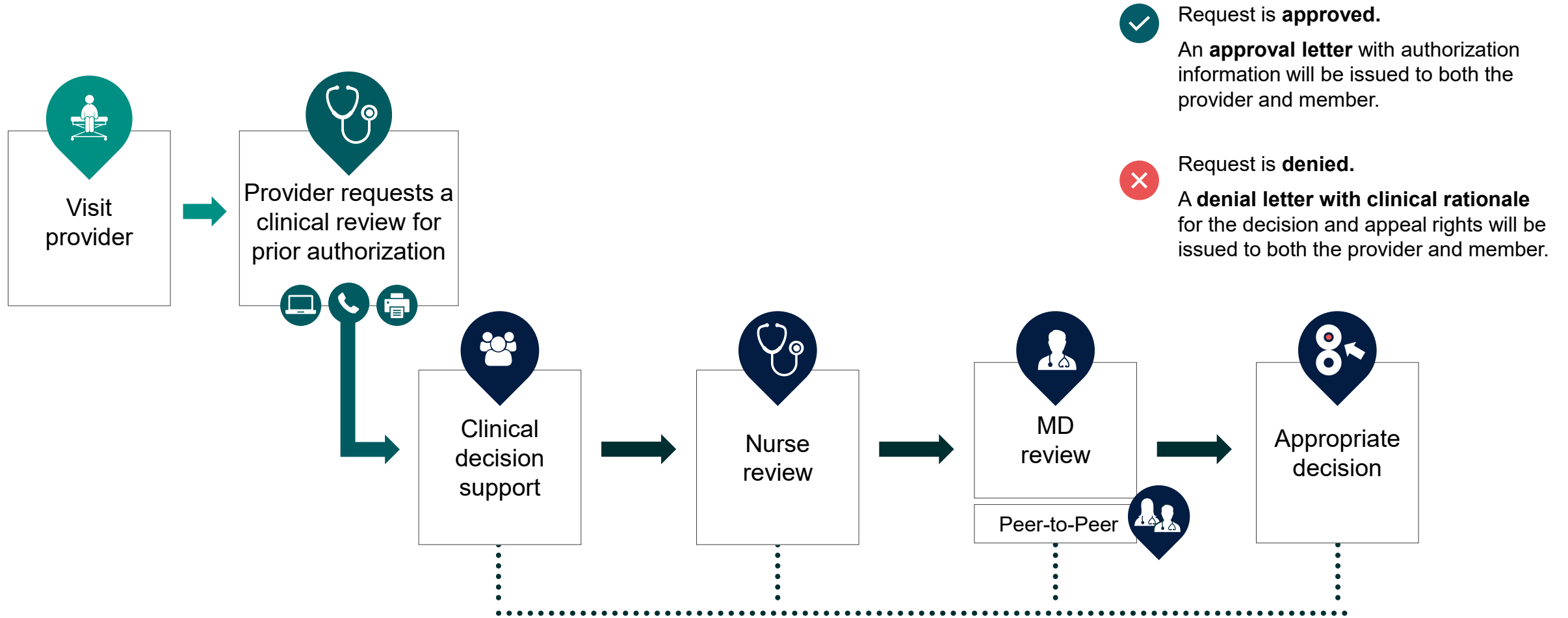
To access the EviCore Provider Portal, visit [www.EviCore.com](http://www.EviCore.com)



**Phone: 888-444-6178**  
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

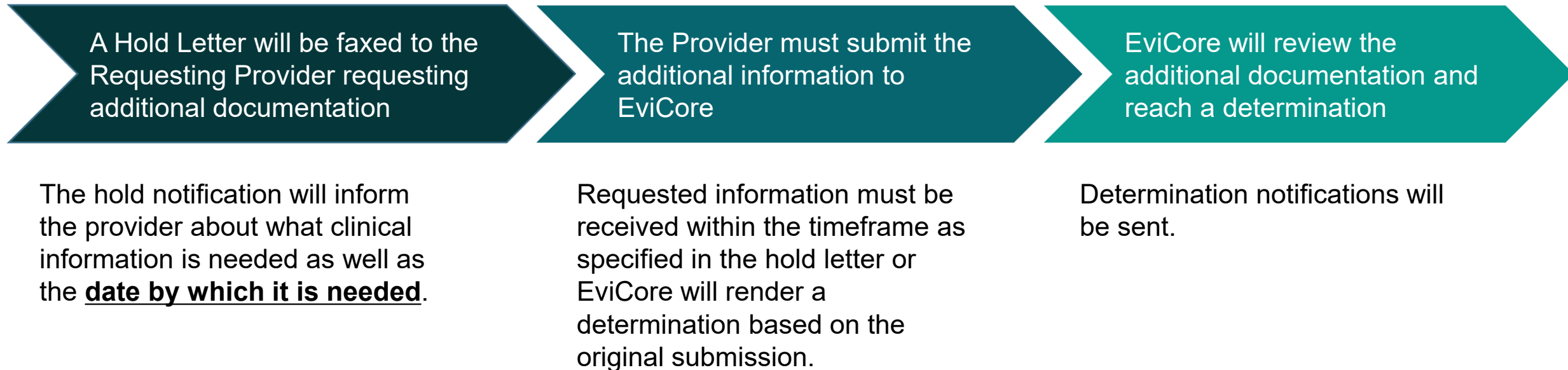
## Supporting Clinical

- 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 **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)

# Post-Decision Options | ACA, CHIP, and 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 **888-444-6178** 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 can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.
- Please refer to the determination letter for instructions.

## Appeals

- EviCore **will not** process first-level appeals.
- Please refer to the denial letter for instructions.



# 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 **180 calendar days** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- When authorized, the start date will be the submitted date of service.

## 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.



# 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

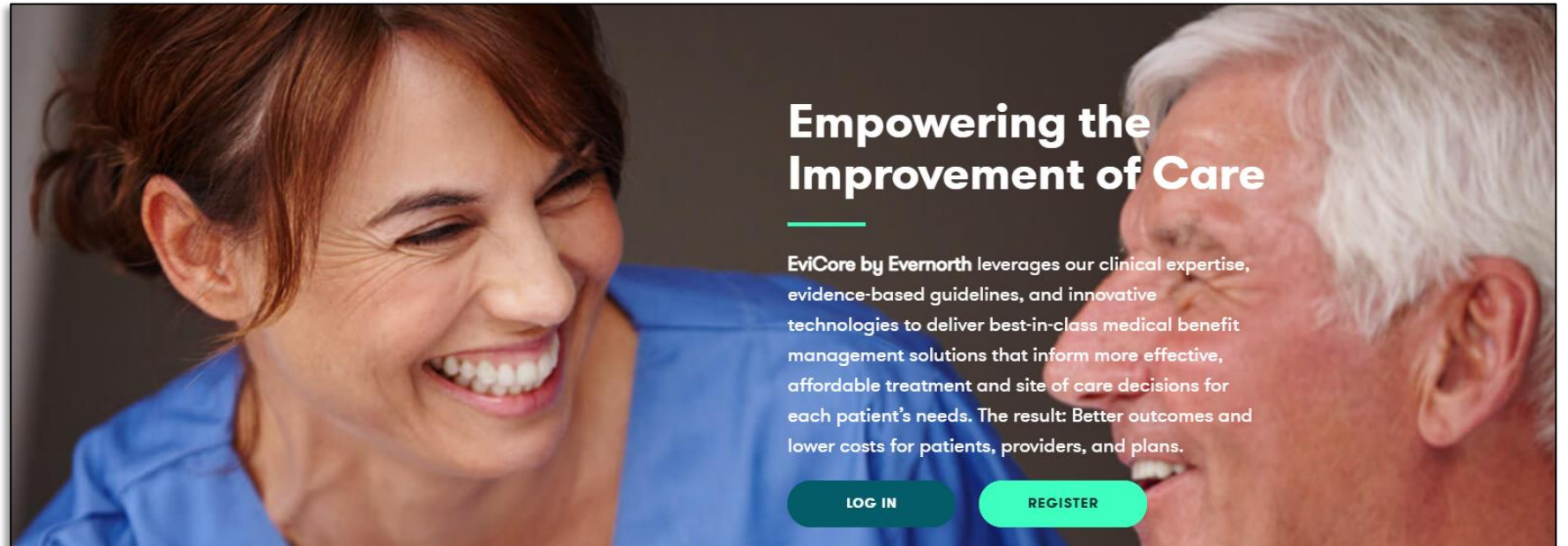
- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-444-6178**.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

# Provider Portal Overview

# 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:

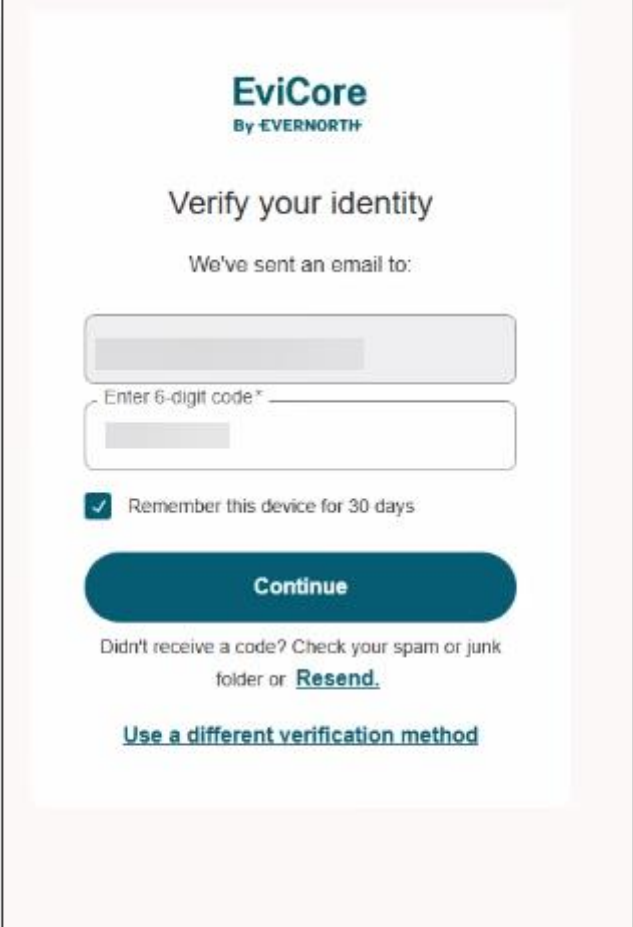
- EviCore By EVERNORTH** (Header)
- User Information** (Section Header)
  - First Name: Enter first name
  - Last Name: Enter last name
  - User Name: Create user name
- Contact Info** (Section Header)
  - Email: Enter email
  - Confirm Email: Confirm email
  - Phone: Phone number
  - Ext (optional): Extension
- Physician/Facility Information** (Section Header)
  - Individual NPI: Enter NPI
  - Tax ID: Enter Tax ID
- Next** (Button)

- 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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a blurred email address. There are two input fields: the first is for the email address and the second is for the '6-digit code'. Below the code field is a checkbox labeled 'Remember this device for 30 days' which is checked. A large blue '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](#)'.

# Portal Access

- Access EviCore's provider portal at [www.EviCore.com](http://www.EviCore.com).
- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).
- Login using your new or existing login credentials.
- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.
- You can also go directly to the portal to build your request and/or manage your cases.

The screenshot displays the EviCore provider portal interface. At the top, a dark teal header bar contains the EviCore logo (By EVERNORTH), a greeting 'Hello, [user]', and navigation links: 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. Below the header, the 'My Worklist' section is visible, featuring tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar with the placeholder 'Start typing to search...' is present. Below the search bar is a table with the following columns: Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer.

**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.

# 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.

A screenshot of the EviCore web application interface. The top header is dark teal with the EviCore logo and 'By EVERNORTH' on the left, and 'Hello, Suma' on the right. A navigation bar below the header contains 'Request An Authorization', 'Worklist', 'Auth Lookup', and 'User Access'. The main content area is teal. A white modal box is open, titled 'Give access to your worklist'. It contains a green notification bar at the top stating 'David Gates will have access to your worklist' with a close button. Below this, it says 'Use this form to give users access to your worklist'. There are two input fields: 'User ID' and 'Email'. To the right of these fields is a button labeled 'Allow access'. At the bottom of the modal, a blue bar states '35 people have access to your worklist.' with a 'View List' button and a close button.

**Need more info on UPX?** Visit [www.eviCore.com/provider](https://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

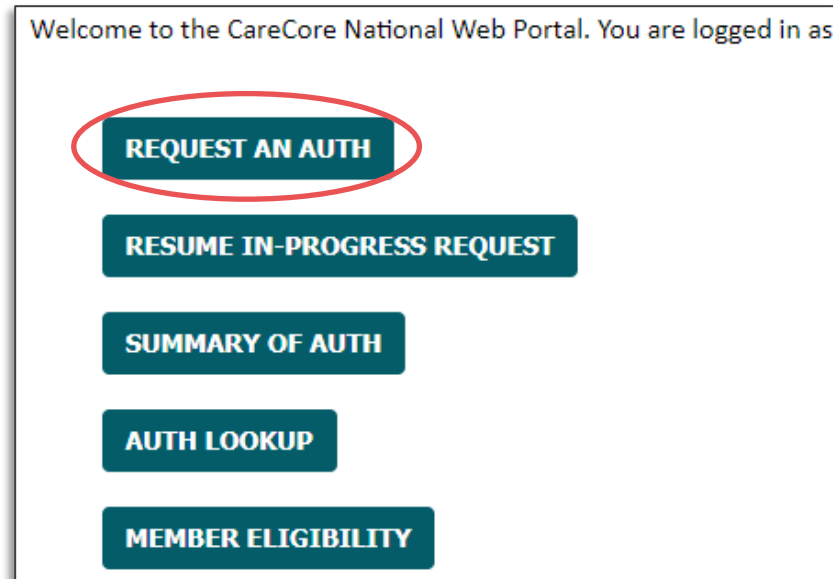
Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case

# Initiating a Case

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|



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

# Select Program

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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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

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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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

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

| Provider          |
|-------------------|
| <div>SELECT</div> |

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 |
|-------------------|-------------------|-----|---------|------|-------|---------|-------|-----|
| <div>SELECT</div> |                   |     |         |      |       |         |       |     |

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

|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
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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**.

# Clinical Certification Request | Enter Contact Information

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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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

|                      |                                       |                                      |                                    |                                        |                                                    |                                                       |                           |                              |                                     |                                   |                                   |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|----------------------------------------|----------------------------------------------------|-------------------------------------------------------|---------------------------|------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <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> |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|----------------------------------------|----------------------------------------------------|-------------------------------------------------------|---------------------------|------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|

## 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 |
|-------------------|------------|-------------|------|-----|--------|---------|
| <div>SELECT</div> |            | 01          |      |     | F      |         |

[BACK](#)

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# Clinical Certification Request | Procedure and Diagnosis Codes

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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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

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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**Attention!**

Will you also be the surgeon performing the procedure?

YES

NO

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

LOOKUP PROVIDER

# Clinical Certification Request | Site Selection

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

- 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.

**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:

Zip Code:

Site Name:

TIN:

City:

Exact match

Starts with

LOOKUP SITE

# Clinical Certification Request | Clinical Certification

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
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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

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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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):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

## Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### 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

- Pathway questions will populate based on the information provided.

# 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### 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

### 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

# Joint Surgery Pathway

# Clinical Collection Process | Pathway Questions

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

**Proceed to Clinical Information**

Please enter the primary CPT code for this surgery.

Which side is the procedure being performed on?  
☐ Left ☐ Right

**SUBMIT**

☐ Finish Later

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

[Click here for help](#)

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

**Proceed to Clinical Information**

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

**SUBMIT**

☐ Finish Later

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

[Click here for help](#)

# 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### Proceed to Clinical Information

Please indicate which ligament will be reconstructed:

SUBMIT

☐ Finish Later

Did you know?

You can save a certification request to finish later.

[Click here for help](#)

- Pathway questions will populate based on the information provided.

# Spine Surgery Pathway

# Clinical Collection Process | Pathway Questions

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

**Proceed to Clinical Information**

Please enter the primary CPT code for this surgery.

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

1

Which region of the spine will this procedure be performed?

Thoracic

Cervical

Lumbar

Sacral

This request is for E0760 and is NOT related to a spinal condition.

SUBMIT

- Pathway questions will populate based on the information provided.

**Proceed to Clinical Information**

Do you want to enter a second code for this surgery?

Yes

No

SUBMIT

Finish Later

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

CANCEL

# 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### 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):

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

UPLOAD

**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 1-888-444-6178

|                           |                                                                                                                                                                                                                        |               |                                                               |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|
| Provider Name:            | DR. BRADLEY MARK ANTONIO WIRTH                                                                                                                                                                                         | Contact:      | DR. BRADLEY MARK ANTONIO WIRTH                                |
| Provider Address:         | 1000 17TH AVE SE<br>SUITE 1000, ALBUQUERQUE                                                                                                                                                                            | Phone Number: | 505-265-7888                                                  |
|                           |                                                                                                                                                                                                                        | Fax Number:   | 505-265-7888                                                  |
| Patient Name:             | ANTONIO WIRTH                                                                                                                                                                                                          | Patient Id:   | ANTONIO                                                       |
| Insurance Carrier:        | WELLS                                                                                                                                                                                                                  |               |                                                               |
| Site Name:                | COMBINE MEDICAL GROUP                                                                                                                                                                                                  | Site ID:      | WELLS                                                         |
| Site Address:             | 875 LAMAR BLVD SE<br>SUITE 100, ALBUQUERQUE, NM 87102                                                                                                                                                                  |               |                                                               |
| Primary Diagnosis Code:   | S50                                                                                                                                                                                                                    | Description:  | Other cervical disc displacement, unspecified cervical region |
| Secondary Diagnosis Code: |                                                                                                                                                                                                                        | Description:  |                                                               |
| Date of Service:          | Not provided                                                                                                                                                                                                           | Description:  |                                                               |
| CPT Code:                 | 92233                                                                                                                                                                                                                  |               |                                                               |
| Case Number:              | 1000000000                                                                                                                                                                                                             |               |                                                               |
| 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 1-888-444-6178 |               |                                                               |

# 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.

|                           |                                         |               |                                  |
|---------------------------|-----------------------------------------|---------------|----------------------------------|
| Provider Name:            | DR. BHARATH MANU ARKARA VEETHI          | Contact:      | Call                             |
| Provider Address:         | 1200 6TH AVE N<br>SAINT CLOUD, MN 56303 | Phone Number: | (888) 254-1100                   |
|                           |                                         | Fax Number:   | (888) 254-1100                   |
| Patient Name:             | AMANDA WILSON                           | Patient Id:   | AMANDA                           |
| Insurance Carrier:        | WELLS FARGO                             |               |                                  |
| Site Name:                | CLINICAL TRIALS CENTER LLC              | Site ID:      | 0000000                          |
| Site Address:             | 875 LAMAR BLVD<br>CLARKSBURG, VA 22110  |               |                                  |
| Primary Diagnosis Code:   | R68.89                                  | Description:  | Other general symptoms and signs |
| Secondary Diagnosis Code: |                                         | Description:  |                                  |
| Date of Service:          | Not provided                            | Description:  |                                  |
| CPT Code:                 |                                         | Description:  |                                  |
| Authorization Number:     |                                         |               |                                  |
| Review Date:              | 5/13/2020 1:52:08 PM                    |               |                                  |
| Expiration Date:          | 6/27/2020                               |               |                                  |
| Status:                   | Your case has been Approved.            |               |                                  |

CANCEL

PRINT

CONTINUE

- 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 call a web support specialist at 800-646-0418 (option 2), or
  - Chat with web support on the [EviCore Provider Resource page](#)



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

Additional Information about ECRM can be found on the [Providers' Hub](#).

# Contact EviCore's Dedicated Teams



## Call Center/Intake Team

- Phone: 888-444-6178
- 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 presentations
- CPT code lists
- Quick reference guides (QRG)

**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:

EviCore.com > Providers' 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://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*

SUBSCRIBE →

# Thank You